

**FACTORS INFLUENCING THE DECISION-MAKING PROCESSES OF SOCIAL
WORKERS RENDERING FOSTER CARE SERVICES: A DECISION-MAKING
MATRIX AS A GUIDELINE FOR SOCIAL WORKERS**

by

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DECLARATION

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Factors influencing the decision-making processes of social workers rendering foster care services: A decision-making matrix as a guideline for social workers.

I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

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DATE: January 2021

DEDICATION AND ACKNOWLEDGMENTS

I dedicate this thesis to my parents, Mr and Mrs V Naicker, particularly my mom who attached so much value to education, which she herself could not access. She did everything in her power, sometimes when she had very little, to make sure that I received an education.

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ABSTRACT

Decisions made by social workers during the rendering of services play a crucial role in foster care. This study employed a qualitative approach to explore the factors that influence the decisions made by social workers when rendering foster care services, and to develop a matrix to guide decision-making. A collective case study design, informed by the explorative, descriptive and contextual designs, was used. The intuitive, analytic and mixed theories of decision-making served as the conceptual framework of the study. The populations of the study were social workers rendering foster care services in government and non-governmental organisations (NGOs) and their supervisors. One case file of each social worker sampled, was consulted as an additional data source. The sampling technique was purposively sampling with a set of criteria to enable data optimisation. Triangulation of data collection methods was utilised, namely, case file analysis and semi-structured interviews with social workers and supervisors. Case studies are context-based and the data collection occurred in the natural settings of the participants. Ethical clearance was obtained for the study and before the commencement of data collection participants were fully briefed about the study and informed consent was obtained. The data collection instruments, a guide of case file analysis and two interview guides, were piloted twice in both government and NGOs. The data collection was audio recorded and an independent transcriber was used to transcribe the data to control for researcher-influence on the manipulation of the data. Trustworthiness was addressed by ensuring credibility, transferability, dependability and confirmability of the data collected. Both the top down or deductive data analysis approach, and the bottom up or inductive approach were adopted to analyse the data. Findings on the social workers' decision-making processes, decisions made, factors influencing decision-making and the nature of decisions were explored and described in the assessment phase (including the intake, prevention and early intervention, as well as the investigation stages), the placement phase and the supervision phase of foster care services. These findings and the participants' suggestions on what a decision-making matrix should address, were

synthesised and the matrix to guide the decision-making of social workers rendering foster care services was developed.

KEY TERMS: factors, influence, decisions, decision-making process, intuition, analytical, social worker, foster care, foster child, foster parent and matrix.

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CHAPTER 1: GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

1.1. INTRODUCTION TO THE STUDY, PROBLEM FORMULATION AND RATIONAL FOR THE STUDY

In this chapter the context of the problem, the problem statement, the rationale for the study, its conceptual framework, the research questions, goals and objectives of the study, and the research methodology are discussed. Methods for data analysis and the ethical considerations are also addressed, concluding with the clarification of concepts and structure of the study.

1.1.1. Introduction to the Study

Social workers generally, but more especially in South Africa, work in difficult conditions where the demand for their services is greater than available resources (Enosh & Bayer-Topilsky 2015:1773; Graham, Dettlaff, Baumann & Fluke 2015; Taylor 2012; Hearle & Ruwanpura 2009:427). They sometimes have to respond to life threatening situations where they have to make immediate decisions under difficult circumstances, often in the interests of the most vulnerable, with uncertainty about how their decisions will affect outcomes and impact the lives of the vulnerable children and their families (Zeijlmans, Lopez, Grietens & Knorth 2018:458; Epstein, Schlueter, Gracey, Chandrasekhar & Cull 2015:230; Taylor 2007:23). Depending on the situation, social workers may be required to decide if a child who is at risk of harm and neglect, should be moved to alternate care and/or should the courts be approached to place the child in long-term alternate care. A good decision can result in positive outcomes, but a poor decision can have dire consequences for the child or children, the biological family and the foster family for the rest of their lives (Saltiel 2014:11; Britner & Mossler 2002:328).

Traditionally the profession was based on volunteerism and altruism, helping the poor with financial and emotional support. The decisions were mostly based on poverty-relief founded on common sense, discretion, intuition and experiential knowledge. In the absence of scientific tools to guide decisions, social workers had to rely on intuition (Taylor 2007:23-

24). Even in those times the decisions of social workers were “high stakes” and seriously impacted on human lives (Saltiel 2014:12; Taylor 2007:24). Social workers would control the access and allocation of essential resources and commodities to the poor (Graham et al 2015:1).

In the late 19th century the social work profession began evolving in two ways, firstly social work cases were becoming more complex and secondly, there was increasing interest in how to make the practice more scientific. By the end of the 19th century social workers began using more empirical methods for understanding and helping their clients. The move to more objective methods of decision-making enabled social workers to introduce greater assurance in their decisions and thus minimise the errors made with intuitive decisions. As part of the development of scientific methods, decision-making tools, the most common of which is the risk assessment tool, were created (Wulczyn, Daro, Fluke, Feldman, Glodek & Lifanda 2020:5; Mattison 2000:201).

Despite the development of empirical tools to guide the decisions of social workers there continues to be tension between decisions based on intuition and decisions made scientifically based on empirically evidence (Epstein et al 2015:224; Munro 1999:745-746). The decisions social workers make, have to be of the highest quality irrespective of the importance of the decisions. A study by Berrick, Peckover, Poso and Skivenes (2015:366) found that the social workers working in the child protection system in London varied their decisions across the various offices allowing considerable discretion and thus potential for inequities in the allocation of resources and access to opportunities for the care and protection of children. Whilst some discretion is good because of individual and situational factors that must be considered in each case to make effective decisions, discretion can be misused (Berrick et al 2015:366-368).

A study by Taylor (2012:552) in the United Kingdom (UK) found that the decisions of social workers working in the child protection system are influenced by a number of factors such as the personal attributes and the preferences of the social worker, which enabled them to develop their own individual ways of responding to moral and ethical issues which shaped the assessment process and decisions made. Some social workers would respect client self-determination over beneficence as a routine value orientation, while others would

choose beneficence. Other factors that were found to influence social workers in their ethical decision-making processes were their professional roles, practice experiences, individual perspectives, personal preferences, motivations, attitudes, organisational issues, as well as legal, political, societal and policy issues (Font & Maguire-Jack 2015: 73; O'Sullivan 2011:18-25) and Munro (cited in Beckett 2007:150-151). A study by Tupper, Broad, Emanuel, Hollingsworth, Hume, Larkin, TerMeer and Sanders (2017:5-7) found that the day of the week, social work caseload, referral source, referral method, ethnicity, language, child characteristics, deprivation, social work experience, social worker employment type, time, and system changes, were some of the factors that influenced social workers' decisions in the placement of children across three local authorities in Britain. Social services in general, and foster care services in particular in developed countries, such as the United Kingdom, are evidence-based with decisions guided by factors such as a code of practice, a framework for assessing children in need of care, as well as a framework of national norms and standards for rendering foster care services (Brown 2014:4-5). They are also guided by a sound foster care governance framework, and protocols for case conferencing to guide decision-making in foster care services and monitor the impact of the placement on the foster child's development. In making decisions, social workers must clarify the expectations of everyone involved in the foster care. The foregoing instruments guide social workers in making decisions based more on evidence than on intuition and discretion (Brown 2014:4-5). Contrary to this view Berrick et al. (2015:366-367) found that despite legislation, frameworks and guidelines in a study in several European countries, social workers tend to make decisions on the care and protection of children based on their own standards for high quality decisions. One of the key questions the study sought to answer was how do social workers make sense of the multiple sources of evidence and influencing factors to reach judgements and make decisions. The outcome of the study was then to develop a matrix of the factors and how it influenced key decisions. The decision-making matrix was implemented by the Department of Education, UK, to ensure greater transparency in the decision-making process in the assessment and placement of children in foster care. The matrix served as a decision tool that made social workers more aware of both the conscious and the unconscious factors that influenced their decisions, resulting in the decision-making

process being more transparent, uniform and analytical (Berrick et al 2015:378). Another study by Sharpe (2014:25) done in a local authority in the Western Midlands, Birmingham, found that despite the importance attached to assessment and placement of children in foster care, there was no clear guidance or pathways which social workers could follow when making potentially life-changing decisions about children. The factors that influenced important or milestone decisions in the assessment and placement of children in foster care were determined, and a matrix linking the factors to the decisions was developed to guide social workers in their decision-making processes. Matrixes as decision-making tools are discussed in Chapter Two.

Focusing on South Africa, social workers working in child protection services, and in particular foster care, are guided broadly in practice by the Constitution of South Africa, international conventions, legislation, national policies and guidelines on the management of foster care and statutory services. These instruments are broad overarching policies setting out the principles for good practice, but do not provide a detailed guide for the day-to-day decisions to be made on the services rendered to children in foster care. Legislation and policies influencing foster care in South Africa will be discussed in Chapter 2. Attention will however, be given to the Department of Social Development (DSD) guidelines on the management of foster care in order to clarify the gap this research intends to fill.

The researcher is however of the opinion that foster care in South Africa is not only influenced by legislation, policies and procedures but also by various other systemic factors. Foster care services in South Africa appear to be driven by demand factors such as orphanhood and poverty, and supply factors such as social work capacity and resources (Hearle & Ruwanpura 2009:427). The primary consideration of social workers in the placement of children in need of care is kinship foster care, thus making foster care the largest child protection programme in South Africa. Foster care is an old programme that has been in existence for 95 years. From April 1997 until November 2016 the number of children in foster care placements grew by 963.5 % with the largest growth being between 2004 and 2008, driven by the increased number of adult deaths due to HIV and AIDS, thus increasing the numbers of orphaned children in need of care (SASSA 2017:5). In 2005 with the promulgation of the Children's Act 38 of 2005 (South Africa 2006: section1), the definition of an orphan was narrowed to a child with both parents deceased. In 2020 the

proposed new Children's Amendment Bill, will expand this definition to the death of a single parent who was the sole caregiver of the child (South Africa 2020: section1). The demand for foster care from January 2019 to August 2020 grew by 3.3% nationally. In Gauteng the demand for foster care grew by 7.6%, twice the national average for the same period (SASSA: 2020:1-5)

There are also tensions on the demand for the limited social work resources between children in need of care and those living in poverty. The prevalence of high levels of severe poverty also influences the demand for foster care placements. Hunger and starvation continue to prevail in South Africa and in 2011 statistics showed that despite the receipt of social grants by poor households, 11% of the population continues to be vulnerable to hunger and children not having one meal per day (StatsSA 2015:7-10). There is strong pressure from poor households that are highly vulnerable to financial shocks for additional income. The Child Support Grant (CSG) of R440 per child per month is too low to mitigate against severe household poverty and thus the Foster Child Grant of R1040 per child per month is often the preferred option exercised by social workers to alleviate household poverty and prevent financial shocks. One such financial shock was Covid-19 that resulted in the social grants being topped with an additional amount for caregivers and beneficiaries receiving social grants for a period of six months from May to October 2020 to ease the shock of the financial crisis (SASSA 2020:5-7).

Social workers, in keeping with tradition, continue to view responding to poverty as one of their main concerns and acknowledge that resource constraints are significant barriers for them to respond more effectively to children in need and protection (Font & Maguire- Jack 2015: 72; Graham et al 2015: 7; Hearle & Ruwanpura 2009:423-425). The impact of poverty and the demand for foster care is discussed in greater detail in Chapter Two.

Studies on the decision-making processes of social workers in foster care, mainly undertaken abroad, identified gaps still to be researched. A study by Zuravin & DePanfilis (1997:34) which focused on factors affecting foster care placement of children, identified a gap in their study as the need to identify a more comprehensive set of factors that influence social workers' decisions on the placement of children in foster care. The study only focused on family demographic characteristics, maltreatment and maternal problems as

factors affecting the placement of children in foster care. They recommended other studies on a more comprehensive set of factors that influenced the placement of children.

A study by Hackett and Taylor (2014:2182-2199) on the use of experiential and analytical cognitive processes in decision-making in social work with children and families, identified a gap in the methodology they used in their study. They only included records and interviews with the social workers, excluding the supervisors in the decision-making value chain. They identified a need for further studies that include the supervisors of the social workers as part of the decision-making process.

A need for further research has also been identified by Saltiel (2014:243). Instead of focusing on a single area of foster care intervention namely placement, he recommends that research should focus on the continuum of services rendered by social workers and the decisions made in each specific context, focusing on the decision-making skills of social workers in practice. Social workers prior to placement of a child in foster care, must evaluate the risk factors with the placement, the child's perspective of the placement and similarly, that of the parents and the foster parents.

There are several studies on the challenges, barriers and resource constraints confronting social workers rendering foster care services in South Africa (Breen 2015:1; Boning & Ferreira 2013:519-540; Ross, Pretorius, Gerrand, Nathane-Taulela & Berhane 2008:5-6) but none on how these factors influence the decision-making processes of social workers. Social workers working in child protection have to deal with a lot of pain where children are hurt, and their emotional stress is high. These social workers are often not supported (Beckett, 2007:43). Studies show that to enable foster care to be an effective intervention for children, foster care services must develop and support both carers and social workers to deliver the best quality foster care possible (Brown 2014:89). There have been studies on the decision-making of officials at the Department of Home Affairs, nurses and doctors as frontline workers but none on social workers rendering foster care services in South Africa. There is also a gap in the literature about the nature of the interaction between the social worker and the client and how this shapes the decisions they make (Kelly 2016:22).

This study on the exploration of factors influencing the decision-making processes of social workers in rendering foster care services, with the objective of developing a decision-

making matrix to guide decisions, will firstly, assist social workers in improving practice in foster care services, secondly, guide social policy development in responding to the factors, and thirdly, guide the allocation of resources in consideration of these factors, thus improving social work practice and foster care services in general.

1.1.2. Problem Formulation

Problems for research are found on two theoretical levels. First, problems that seek to increase knowledge and second, problems whose prime purpose is to make life better (Mason 2018:111; Yin 2016:113; Lichtman 2014:28). The research problem can be defined as the subject the researcher would like to study, whether illustratively or experimentally (McMillan & Schumacher 2001:22). The problem formulation thus serves as a guiding light during the research study.

From 2013 to 2016 the Ministerial Committee on the Review of the White Paper for Social Welfare, 1997, conducted an extensive consultation with social service professionals in public and private practice, officials across all government sectors, and the public to determine the social issues and challenges confronting the social development sector (DSD 2016:122). The Committee's report, dated March 2016, raised concerns about the decisions of social workers made in placing children in foster care. The report stated that the majority of the decisions social workers made were not in response to the need for care and protection services, but that social workers concentrated on using the foster care system to grant children living in poverty access to income support to alleviate poverty. This practice reduced their capacity to respond to children in genuine need of care and protection. The report further demonstrates that policy makers are unable to fully conceptualise the demands placed on social workers rendering foster care services and how they allocate their scarce resources because of the complexity of the social realities that confront them. Hence, the decisions they make in rendering foster services is influenced by a number of factors. The issue then is, what are the factors that influence the decisions of social workers in respect of children in need of care and protection versus those not in need of care and protection, because a single intervention, foster care placement, appears to be implemented in all circumstances. The Committee further articulated that the reason for the challenges in the foster care system in

South Africa is the capacitation of the programme. The foster care programme is capacitated to respond to children in need of care and protection and not to poverty. However, in spite of the lack of capacity and the resource constraints over the years, social workers continue to make decisions to place large numbers of children in foster care as the preferred alternate care (DSD 2016:122).

The Children's Act 38 of 2005 placed additional work on social workers to obtain new court orders for children with expired court orders, exposing the challenge that social workers experience in performing their supervisory functions over children in foster care (Boning & Ferreira 2013:17). This provision of the said Act would have resulted in several thousands of children having their Foster Child Grant lapsed because of expired court orders, and it thus necessitated the intervention of the North Gauteng High Court to prevent the lapsing of Foster Child Grants. A High Court order in 2011 extended all expired foster care orders until December 2014 by which date the DSD was ordered to amend the Children's Act 38 of 2005 to give social workers the power to administratively extend expired court orders. Social workers still failed to extend all the expired court orders by December 2014 and to prevent the Foster Child Grants from again lapsing for thousands of children, the North Gauteng High Court was requested to intervene yet again in December 2014 and extend expired court orders. To manage the process and prevent the situation arising again, the Court ordered that progress reports be submitted to the court on a six-monthly basis. However, this failed to overcome the problem and on the 28 November 2017, the North Gauteng High Court issued a third extension order for the expired court orders to be administratively extended over a period of 24 months. This High Court order was due to expire in November 2019 when the High Court was again approached for a further extension and the High Court extended the expired foster care court orders for a further period of 12 months expiring in November 2020. On November 2020 a further extension for a period of 24 months was granted (Department of Justice 2011: Court Order 21726/2011; Department of Justice 2014: Court Order 21726/2014; Department of Justice 2017: Court Order 72513/2017; Department of Justice 2019: Court Order 72513/2019; Department of Justice 2020: Court Order 55477/2020).

The placement and supervision decisions of social workers with respect to children in foster care, have thus been replaced by blanket decisions by the North Gauteng High Court since

2011. Since April 2020 supervision services could not be rendered due to Covid-19 and the required social distancing. Most social services were redirected to sheltering the homeless, ensuring that child and youth care facilities and other institutions were complying with the decision-making protocols. The High Court will have to be approached again in November 2020 for a further extension of the High Court order to stay the lapsing of the foster care orders because of the large number of expired and expiring foster child grant orders that could not be extended due to Covid-19. The High Court had granted a further extension to the order for 24 months expiring in November 2022, with a supervisory review in 12 months to ensure the proposed legislative reforms have been implemented (Department of Justice: Court Order 55477/2020).

It is very difficult to articulate the factors that influence the decision-making processes of social workers' rendering foster care services because of the limited tools and systems to support social workers in practice. Social workers are guided by the broad macro provisions of the Constitution, international conventions, the Children's Act 38 of 2005, the Children's Second Amendment Act 18 of 2016 and, a guideline in the management of foster care and statutory services. However, social workers in practice are confronted with a range of process and practice micro decisions that must support the macro frameworks. The DSD guidelines omit to provide a detailed decision-making matrix that could guide day-to-day decisions. The guidelines must also be reviewed in line with the new provisions of the Children's Second Amendment Act 18 of 2016 (South Africa 2017: section 2 & 3).

There are several international studies on the decision-making processes of social workers working with children and families already discussed in the preceding paragraphs, as well as the use matrixes for decision-making by social workers rendering services to children and families which is discussed in Chapter Two. There is, however, a dearth of information on the factors that influence the decision-making processes of social workers rendering foster care services in South Africa. A literature search was requested, and an extensive search was conducted on Google Scholar, the Nexus database, the South African Journal database for South African publications, as well as international journal database sites, like EBSCO host and Science, without much success. A lack of knowledge about the factors influencing the decision-making processes of social workers in rendering foster care services in South Africa, was identified as well as a need for a decision-making matrix to guide these decisions.

1.1.3. Rationale of the Study

The researcher is employed in monitoring and evaluating of the administration of the social assistance which includes the Foster Child Grant. It is her responsibility to monitor the trends in foster care placements and the timeous extension of supervisory court orders to ensure that the projections for the take up of the Foster Child Grant are correct. Her observation over several years has been inconsistencies in the placement of children and the lack of social work supervision over foster care placements. In 2012 a campaign was implemented by the South African Social Security Agency (SASSA) to link foster children to foster parents and a large number of children (200 000) could not be located by social workers in the DSD. SASSA subsequently employed social workers to trace the families and the children (SASSA 2012:1-10). There are also a large number of inquiries coming to the SASSA call centre from prospective foster parents already caring for children, inquiring about the finalisation of their placements, which pend for an average of two years (SASSA 2020:3). The lack of supervision over foster care placements is demonstrated by the reliance on the High Court to extend placement orders without supervision as discussed in the previous section. This has been done over a period of 11 years from 2011 until 2022.

The researcher embarked on this study in an effort to contribute to a solution to the challenges facing foster care services in South Africa. This study was planned to provide insight into the factors influencing social workers' decisions in foster care services that would enable greater support for foster care services through improved social policy design, legislation and resource allocation resulting in an improved service. Policy makers in the Amended Social Assistance Act (B-2018) will implement an additional cash award for orphaned children that is equivalent to the Foster Child Grant in anticipation of diverting orphaned children from the child protection system and reducing the burden on the Justice System. However, the demand on social workers will not be reduced because all orphaned children will be referred to social workers to determine if the children are in need of care and protection (DSD 2016: section 6). Orphans will be given access to the CSG with a supplementary amount that will make the grant value equivalent to the Foster Child

Grant. The beneficiaries and orphaned children will then retrospectively be referred to the DSD to determine if the child or children are in need of care and protection. The new legislation will only be implemented when the Regulations to the Social Assistance Act is approved and the proposed amendments to the Children's Act is promulgated because the awarding of the grant will be dependent on the definition of an orphan in the Children's Act Amendment Bill (South Africa 2020 B18-2020: 3).

The development of a decision-making matrix was intended to guide social workers in decision-making, thus resulting in the factors that negatively impact on service delivery to be assessed immediately and addressed so that social workers can balance the demands they encounter with the available supply of services. This study was undertaken to enable policy makers and administrators to gain insight into the complexity of social work decision-making processes in the context of their work environments, the individual, task characteristics and the ecosystem in which they live and function. It was intended to provide evidence of the factors that influence the standards and criteria social workers use to make decisions to ensure that the best interests of the child are protected. The study should enable policy makers to develop and implement policies that respond to the factors that influence the decisions of social workers at the local level and advocate for resources that respond to the demand. The decision-making matrix could be used by both social workers in government and non-governmental organisations (NGOs) which would result in more uniformity, transparency and greater predictability of decisions in the rendering of foster care services. The matrix developed might also contribute to the assessments of the decisions of social workers in other areas of service delivery. In the next section the conceptual framework will be discussed.

1.1.4. Conceptual Framework of the Study

Theory can play various roles in qualitative research. It can serve as a broad explanation for behaviour or attitudes as well as a perspective which shapes the type of questions asked and data collected. It can be the end point of research or be used only implicitly (King, Horrocks & Brook 2019: 16; Creswell & Creswell 2018:61-64; Hancock & Algozzine

2011:29-30). In this study theory will influence the research methodology and provide a broad explanation of the findings.

The three most predominant decision-making theories relevant to this study are, the analytical theory, also referred to as the cognitive theory; intuitive theory, also referred to as experiential, naturalistic, or discretionary theory; and the mixed theory with fluidity between the analytical and the intuitive theories (O'Sullivan 2011:90-92; Hackett & Taylor 2014: 2188; Taylor 2007:23-35). The success of the analytical theory to decision-making is dependent on tools that guide decisions minimising undesirable consequences and maximising desirable ones. However, in spite of the analytical theory, the intuitive or experiential theory continues to be the backbone of people's way of making sense of the world and of each other. The intuitive or experiential theory is favoured when decision-makers from different backgrounds have to process large amounts of fragmentary, incomplete information within short time periods, working under challenging and resource constraining environments, forcing them to rely on prior experiences and knowledge to interpret the information and make decisions. This theoretical choice is mostly the result of their decision environment (Graham et al 2015:3; Munro 2008:10). In the mixed approach a distinction is made between discretionary space and discretionary reasoning, with discretionary space being the type of issues social workers are given to address and discretionary reasoning being the justification for the decisions. In the process of upholding normative issues such as the best interests of the child and positive outcomes, decisions must be supported by reasoned arguments where bias and prejudice are eliminated (Berrick et al 2015:366-378; Font & Maguire-Jack 2015:70; O'Sullivan 2011:92).

The researcher could not find any approach to decision-making developed for or used by social workers rendering foster care services in South Africa. It however seems social workers working in the field of foster care use the mixed method of decision-making where intuition and analytical decision-making are used in a complimentary and interdependent manner. Professional intuition plays an important part within decision analysis in making judgments about decision outcomes. When experienced social workers have to make decisions very quickly, intuitive decision-making is likely to be the best approach. In the case of new social workers with not enough experience, analytical decision-making should

be the approach because of the lack of experience to support intuitive decision-making. When there is no time for analysis in decision-making, then new social workers can be guided by their more experienced supervisors or more experienced colleagues in making intuitive decisions. When making decisions with clients or other professionals some degree of analysis is necessary as this necessitates being explicit about the choices made (Font & Maguire-Jack 2015: 71; Hackett & Taylor 2014: 2184; O'Sullivan 2011: 92).

Ethics also plays an important role in decision-making. The three broad ethical approaches to decisions are, virtue ethics which is concerned with the moral character of the decision-maker, deontological ethics concerned with choosing the course of action that is morally right, and consequential ethics concerned with choosing the course of action that achieves the best chance of a good outcome (Glover 2017:57-58; O'Sullivan 2011:89). The afore-mentioned three theories focus on the characteristics of the decision-maker, the actions they take, and the consequences of their actions. Clark (2000:443) states that the ethics of personal service places the human being at the centre of attention with the primary aim to promote his or her welfare and best interests. In virtue ethics it is not the quality of the decision that is the focus but the qualities of the individual decision-maker, namely the nature of their character and the quality of their relationship with others. Virtuous individuals take the right action or make good decisions. Social work recognises certain broad virtues that professional social workers should possess, namely compassion, altruism, truthfulness, generosity, honesty, moral courage, caring, warmth and humility (Glover 2017:58; Hughes & Baldwin 2006:88). A weakness of this theory is identifying all the virtuous qualities of a social worker, agreeing on what having these qualities means and how to apply them in a specific decision situation (O'Sullivan 2011:129).

Deontological thinking is based on the thinking that actions can be determined to be right or wrong, good or bad, regardless of the consequences they produce, the rules should apply in all circumstances. It is the ethics of duty and focuses on the correctness of the action itself. It is the ethical duty to do the right thing whatever the outcome might be. It is derived from principles and generalised rules that makes little or no reference to consequences. The principles that influence decision-making are self-determination,

acceptance, confidentiality and being non-judgmental (Glover 2017: 58; O'Sullivan 2011:129; Mattison 2000:202-205).

The teleological perspective or consequential ethics weights and measures the consequences for all individuals related to the situation (Glover 2017:58; O'Sullivan 2011:129; Mattison 2000:202-205). A social worker following the deontological approach will differ in ethical decision-making judgments compared with a social worker who uses the teleological approach and values the weighting of potential consequences. Consequential ethics is not as concerned with doing the right thing but is rather concerned about achieving the outcome with good consequences. Depending on the circumstances, the consequences of the action or actions on both the primary client and others, are considered. It is not always possible to predict what the consequences would be especially in the immediate, and therefore, consequential ethics necessitate an assessment of the possible outcomes (Glover 2017:59; Reamer 1994:70).

In any particular decision any one of these foregoing ethical approaches may come into play. Social workers want to conduct themselves ethically and therefore their decision's will be influenced by principles such as self-determination, non-judgment etc. Social workers are concerned about the welfare of people and therefore would want to achieve good outcomes. In child protection, consequential ethics may be more influential because the welfare of the child is of paramount importance and the consequences of the course of action for the child will be the important consideration.

Lipsky (2010:81) provides another perspective on decisions made by social workers working as frontline workers, enjoying a lot of discretionary powers. According to him they display the characteristics of "street level bureaucrats" using *routinisation*, *simplification* and *rubber stamping* when working under difficult conditions. He emphasises that the decision-making processes by these street level bureaucrats, including case workers in child protection services, are characterised by chronic resource constraints and thus social workers manage their patterns of practice within these constraints. In so doing they develop routines and the *simplification* of complex processes and tasks. They ration services by limiting access and demand, by giving or withholding information, by imposing psychological costs on clients, for example making clients queue for a service with long

waiting periods. *Routinisation* serves to protect social workers from clients' demand for responsiveness and limits demand. It also provides an excuse for not dealing with clients in a flexible manner. Routines are good when they lead to predictability of services (Lipsky 2010:81).

Rationing of services may not be the decision of the social worker but a policy of the organisation. Free public goods and services may be rationed by imposing cost and fixing the amount for the service as in the case of identity documents, commissioning of documents, or a certificate for police clearance (Lipsky 2010:99). In cases where the demand for services is high, case workers must select the clients they want to see by screening, creaming or skimming off the best clients based on criteria they determine (Lipsky 2010:88). *Rubber stamping* is a common decision-making process with social workers, influenced by a range of factors such as routine, high caseloads and low risk. A common decision by social workers is referrals. It has a negative impact if referrals are done to shift work, conserve resources or avoid interference with routine procedures. Emergency services are common in child protection services and the decisions on the responses to emergencies can provide an exception to the routine. In the following section, the research questions, goals and objectives will be discussed (Lipsky 2010:129).

1.2. RESEARCH QUESTIONS, GOALS AND OBJECTIVES OF THE STUDY

The following sections set out the research questions, goals and objectives of the study.

1.2.1. Research Questions

The research question is the heart of the research, central to critical thinking and problem solving (Swaminathan & Mulvihill 2017:1; Stake 2006:9). According to Matthew and Ross (2010:57) the research question states the purpose of the research and guides the researcher through the process of the research. Research questions in a qualitative study is important because it is the central and most significant component of the study. It also narrows the goals and objectives to specific areas of the study (Cresswell & Poth

2018:137; Doody & Bailey 2016:19-20). The research question guides the researcher on the research methodology and design for the study. The researcher sees the research questions as the golden thread of the study binding the aspects of the research into a coherent whole. The research questions were developed from theoretical knowledge through the extensive review of the literature, gaps in previous research and most importantly from the current practice of foster care and a work-related need (Doody & Bailey 2016:19-20; Matthew & Ross 2010:57). The research questions in this study were:

- What are the factors that influence the decision-making processes of social workers during assessment, placement and supervision, in rendering foster care services?
- What should the content be of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services?

In the next section the goals of the study are discussed.

1.2.2. Goals of the Study

The goal of research is to answer the research question and is a summary statement (Swaminathan & Mulvihill 2017:1; Prince 2005:2). The research goal is defined as “what is to be accomplished by the study” (Doody & Bailey 2016:22). The aim, purpose or goal of a study is to describe the intent or road map of the study (Cresswell & Poth 2018:132). The researcher’s definition of the research goal is to answer the research questions. It is an observable and measurable end-result having one or more objectives to be achieved to ensure the realisation of the outcome:

- To develop an in-depth understanding of factors that influence the decision-making processes of social workers during assessment, placement and supervision, in rendering foster care services.
- To develop a decision-making matrix to guide the decision-making processes of social workers rendering foster care services.

The following section sets out the objectives of the study.

1.2.3. Objectives of the Study

The objectives of the study specify the components of how the goal or aim will be met. Research objectives determine the methods or steps that must be implemented to attain the identified research goals (Creswell & Poth 2018:132, Prince 2005:2). The research objectives unlike the research goals are specific, measurable, and have a completion date (King et al 2019: 7-11). The research objectives are more specific than goals and relate directly to the research question (Doody & Bailey 2016:23). The researcher defines research objectives as systematic steps to achieving the goals of the study. In order to achieve the goals stated above, the researcher formulated the following research objectives:

- To explore and describe the decision-making processes of social workers during assessment, placement and supervision, in rendering foster care services.
- To explore and describe factors influencing the decisions made by social workers during assessment, placement and supervision, in rendering foster care services.
- To ascertain suggestions from social workers and supervisors on the content of a decision-making matrix that should guide the decision-making processes of social workers rendering foster care services.
- To develop a decision-making matrix that should guide the decision-making processes of social workers rendering foster care services.

The following section sets out the planned research methodology for the study.

1.3. RESEARCH METHODOLOGY

The research methodology is the complete process through which the research questions are answered (Bliss 2016:1; Gentles, Chales, Ploeg & McKibbon 2015:1773; McMillan & Schumacher 2001:74). The nature of data required will dictate the research methodology adopted (Bliss 2016:1; Yin 2014: 27; Mason 2002:56). Research methodology is informed by ontology or how we perceive reality, and epistemology or our belief in how knowledge

should be generated (King et al 2019:8-11; Wahyuni 2012:69). The concepts “ontology” and “epistemology” as well as the choices made in this regard will be discussed in Chapter Three. The researcher planned to work from a qualitative approach and a case study design supported by the explorative, descriptive and contextual designs (King et al 2019: 13; Wahyuni 2012:69). In the following section the research approach will be discussed.

1.3.1. Research Approach

The researcher planned to adopt a qualitative approach to achieve the stated goals and objectives in this proposed study (Cresswell & Poth 2018:134). Qualitative research is described as research that produces findings not arrived at by statistical procedures or other means of quantification (Doody & Bailey 2016:25). In addition to the absence of quantification, qualitative research has other distinguishing characteristics such as the interpretative relationship between theory and the research (King et al 2019:15; Matthew & Ross 2010:141-142). Qualitative research is exploratory, fluid and flexible, data driven and context sensitive (Cresswell & Poth 2018:134; Doody & Bailey 2016:25; Mason 2002:64).

Further characteristics of qualitative research are that the data is collected in the natural environment or on site where the participants are experiencing the problem. There are multiple sources of data, namely observations, records and interviews. Complex issues are broken into simpler more easily understood elements. It focuses on context and is fundamentally interpretative. It is emergent and evolving. The qualitative researcher views the phenomena holistically, conducts the inquiry systematically and is sensitive to their personal identity and how it shapes the study (King et al 2019:16; Cresswell & Poth 2018:9-21).

The researcher chose to adopt the qualitative approach in this study for the following reasons (Cresswell & Poth 2018:21; Gentles et al 2015:1775; Matthew & Ross 2010:143)

- This study is an exploratory study to obtain an in-depth understanding of the decision-making processes and the factors that influence it, and therefore the qualitative approach was adopted for the study.

- The data was obtained from multiple sources, namely case files, social workers and their supervisors within their work environments.
- Multiple data collection methods were used, namely record analysis and semi-structured interviews.
- Complex issues were broken into simpler more easily understood elements, namely the phases of intervention, decisions at each phase, factors influencing each decision and aspects guiding the decisions.
- The study focused on different contexts, namely districts, local areas, public and private services, and was fundamentally interpretative.
- The study sought to answer the “what” and “how” research questions.

In the next section the planned research design will be clarified.

1.3.2. Research Design

Research designs are logical blueprints linking the research questions, the data to be collected and the strategies that will be used to analyse the data so that the findings address the research questions (Yin 2016: 83). The research participants, methods of data collection and data analysis, form the elements of the research design. Research designs are developed to answer the research questions in the most relevant and economical way (Terre Blanche, Durrheim & Painter 2014:29) The research design is a form of road map or plan of undertaking a systematic exploration of the phenomenon of interest using specific research methods; tools for data collection, namely interviews, record analysis; and techniques for data analysis (Marshall & Rossman 2016:103). The researcher’s definition of research design is that it sets out the plan for conducting the study. Creswell and Creswell (2018:183) identify five qualitative research designs namely, the narrative design, phenomenology, ethnography, case study and grounded theory. The author further explains that the narrative design and phenomenology focus on individuals, while processes, activities and events are explored through case studies and grounded theory, and the cultural behaviours of people are investigated using ethnography.

A collective case study design was selected for this study. A case study can be defined as “a systematic and in-depth investigation of a particular instance in its contexts in order to generate knowledge” (Rule & John 2017:4). The case study method is defined as “a kind of research that concentrates on one thing, looking at it in detail, not seeking to generalise from it” (Thomas 2011:9). Yin (2014:6-9) states that the case study is the most appropriate to answer “what” and “how” questions. It offers a rich description of the case under study. The collective case study identifies patterns and themes, and compares these across cases enabling the transferability of the case findings. The use of different sites and different data collection processes increases the trustworthiness of the findings (Yin 2012:5). Stake (2006:3) distinguishes between intrinsic, instrumental and collective case study designs. An intrinsic case study is selected to learn about a unique phenomenon. An instrumental case study is done to provide a general understanding of a particular phenomenon using a particular case and a collective case study is implemented to provide a general understanding using a number of instrumental case studies on the same site or at multiple sites. In a collective case study, multiple cases are combined into a single study (Stake [sa]:138). Yin (2009:61) states that multiple or a collective case study design is stronger than a single case. The collective case study design enables analytical conclusions to arise independently from more than one case.

In this study the collective case study design was selected because it is important to understand the factors that influence decisions in multiple sites in different contexts and locations (Stake 2006:12; Harling 2002:2). The case study design can provide an in-depth understanding of factors influencing the decision-making processes of social workers. The design will be able to answer questions on how decisions are made during the rendering of foster care services as well as why these decisions are made. The case or unit of analysis in this study were decisions made by a social worker regarding the continuum of foster care services rendered.

The case study design was planned to be informed by the explorative, descriptive and contextual designs. The explorative design is used when more knowledge of a situation needs to be developed and initial questions have to guide the process (Bless, Higson-Smith & Sithole 2013:57). In the descriptive design the researcher observes participants and situations and describes accurately what he/she has observed (Babbie, 2014:95).

The contextual research design works from the assumption that human experiences can really be understood when researchers fully grasp the natural settings of the research participants (Monette, Sullivan & De Jong 2011:225; Hennink, Hutter & Bailey 2011:9). These three designs informed the case study design in this study as decision-making processes of social workers rendering foster care services, a relative new area of focus, especially in South-Africa, were explored and described in detail within the contexts of government and NGOs.

1.4. RESEARCH METHODS

The previous section outlines the research methodology and this section sets out the methods of the research. The research methods are fundamental to data collection and there are four data collection methods, namely interviewing, observing, collecting and examining records and feeling in qualitative research (Yin 2016:138). The research methods are the detailed plan to collect and analyse data (Swaminathan & Mulvihill 2017:20). The researcher planned to collect and examine records and semi-structured interviews with social workers and their supervisors as methods of data collection.

1.4.1. Population

The population in research is described as the collective that the researcher seeks to identify with particular characteristics or set of characteristics (Mutinta 2013:2). It is the collective term to describe the total quantity of cases of the type which are the subject of the study (Walliman 2011:185). It is also defined as the broader group of people, objects, or events that manifest an issue or phenomenon from which a smaller group is drawn to study the issue or phenomenon (Marshall & Rossman 2016:110). Population, in the researcher's view, refers to the whole or all the people or elements that have the characteristics to be studied.

The population for this study, was identified as the social workers both in the government and NGOs who render foster care services in Gauteng as well as their supervisors. With this choice of population, the researcher anticipated access to social workers and

supervisors in diverse contexts of practice in the government and NGOs, covering all areas of high demand for foster care in the province. An analysis of the administrative database on the Foster Child Grants showed that the Gauteng District had the second highest placements of foster children in the country, just a few cases lower than the Eastern Cape (South African Social Security Agency [SASSA] 2018:1-5). Therefore, selecting Gauteng would provide comprehensive knowledge of the phenomenon. The researcher also resides in Gauteng, which made this population accessible and ensured cost effectiveness.

The Department of Social Development (DSD) has a provincial office that administers five district offices, namely Tshwane, West Rand, Johannesburg, Sedibeng and Ekurhuleni. These districts were referred to as A1 to A5 to ensure anonymity and confidentiality. Each district office manages between five to ten local offices that render direct services to the community. There are approximately 300 social workers working in the Gauteng Provincial DSD and approximately 60 working in the NGOs doing some aspect of foster care services in Gauteng. Foster care services in Gauteng are rendered by Child Welfare Organisations (CWOs) in some Regions and by other Non-Government Organisations in other Regions, both of which will be referred to as NGOs in this study. The researcher initially identified all NGO's in the districts as B1 to B5 to ensure anonymity and confidentiality.

As the researcher planned to consult with social workers and their supervisors, two were populations identified, namely:

- Social workers rendering foster care services in Gauteng
- Supervisors of the social workers.

Case file analysis of the social workers in the study was identified as an additional source for data collection. Due to monetary constraints the whole population could not be studied and samples had to be drawn. The following section defines the sample and sampling procedures.

1.4.2. Sample

The following paragraph defines a sample. “A sample is a subset of a population” (Loseke 2017:109). A sample is defined “as a selected representative of the population on the basis of certain known characteristics which is relevant to the study” (Matthews & Ross: 2010:155). It can also be described as “a subset of the entire population selected to participate in the study based on a set of criteria determined, that will be most effective in providing the information required” (Mutinta 2013:2). The researcher agrees with the definition by Mutinta (2013:2). Samples would be taken from the two populations, namely social workers involved in rendering foster care services and their supervisors. A triangulation of samples and data sources, namely social workers, their supervisors and their case files, were included in the research proposal.

1.4.3. Sampling Method

Sampling, which is an action, is defined by Gentles et al (2015:1775) as “the selection of specific data sources from which data are collected to address the research objectives”. Sampling is also described as “the design task of deciding which elements in the population will be chosen and how these elements will be chosen” (Loseke 2017:117). The researcher’s definition of sampling is that it is the technique of selecting a representative part of the population for the purpose of determining the characteristics of the whole population.

A distinction is made between probability and non-probability sampling. In non-probability sampling there is no way of guaranteeing that each member of the population will be represented in the sample (Saldana & Omasta 2018:95-97). Non-probability sampling will be used in this study. One type of non-probability sampling is purposive sampling, where the sampling units are selected based on a set of criteria or characteristics that will provide the optimal information required (Mutinta 2013:10). Yin (2011:311) defines purposive sampling as the selection of participants or sources of data to be used in a study, based on the anticipated richness and relevance of information in relation to the study’s research questions (Yin 2011:311). The logic and power of purposeful sampling lies in selecting information rich cases for in-depth study which yields insights and in-depth understanding

(Patton 2015:264). The researcher chose purposive sampling because it would cover the characteristics of the social workers that may have a bearing on their decisions and the completeness of information. Participants chosen purposely would inform an understanding of the research problem, be central to the phenomenon in the study and be information-rich sources.

The researcher planned to purposively select samples from the population of social workers and their supervisors rendering foster care services in the Gauteng province. The sample would initially commence with one social worker and their supervisor being purposively selected from one of the local offices in one of the five districts of the DSD, and one NGO in the same district. The sample was expanded to a second local DSD offices and NGOs, and so on, until data saturation was achieved. A case file, selected purposefully by the participating social worker and supervisor would be analysed to shed light on the factors influencing the decision-making processes; after which interviews would be conducted with the relevant social worker and the supervisor.

The following inclusion criteria were used to select the samples for this study:

Inclusion criteria for social workers

- Social workers with at least two years practice experience in foster care services. Social workers with two or more years' experience would be included because it takes at least two years to render full continuum of foster care services and the social worker must have worked on a sufficient number of cases for experience.
- Social workers from all genders.
- Social workers from all races.
- Social workers who are willing to participate.

Exclusion criteria for social workers

- Social workers with less than two years practice experience in foster care services.
- Social workers who are under any form of misconduct investigation.
- Social workers who are on long-term leave.

Inclusion criteria for supervisors

- Supervisors who played a significant role in the supervision of the cases selected.
- Supervisors must be willing to participate.
- Supervisors of the social workers who are participants in the sample.

Exclusion criteria for supervisors

- Supervisors who did not supervise the case selected.
- Supervisors who are under any form of misconduct investigation.
- Supervisors who are on long-term leave.

The social worker and supervisor chose a case file for analysis that was complete in terms of the continuum of services rendered from prevention to supervision and where decisions made by the social worker had been clearly indicated.

Some authors state that the size of the sample in qualitative studies is determined by the scope of the design. In a case study a single participant could be adequate (Loseke 2017:114). If the scope is broader, the sample could grow until a state of saturation in the data is achieved (Marshall & Rossman 2016:108-109). The final size of the sample in this study was determined by data saturation.

The following section will elaborate on the data collection process.

1.4.4. Data Collection

Data collection is a series of interrelated activities such as attending to the ethical issues, locating the site of participants, gaining access, developing rapport, then a strategy for the selection of the participants, piloting the instruments of data collection and procedures for collecting the data, the mechanism to record and store the data, and strategies to minimise field issues (Cresswell & Poth 2018:149; Swaminathan & Mulvihill 2017 36). Data is a set of values of qualitative or quantitative variables. It is the smallest or lowest recorded elements resulting from some experience,

observation, experiment or some other situation. What is translated and reported as data, is what is filtered through the researcher's own thinking and meaning (Yin 2016:138). Data collection is data required to answer the research questions and the following sections demonstrate how the researcher planned to collect the data. In this study the data collection sources are the social workers, their supervisors and their case files.

1.4.5. Preparation for Data Collection

By this stage of the research process, data collection instruments were already developed and the participants in the study were identified (Marshal & Rossman 2016:195). The first step in the preparation for data collection is getting informed consent from the relevant institutions and participants (Magnusson & Marecek 2015:41-43; Mason 2002:101). Messages were composed for the participants. Participants were contacted and interview dates confirmed for participation. The researcher was patient and showed sensitivity to participants' questioning of the research intent and their possible reluctance to participate (Marshal & Rossman 2016:195).

In preparation for data collection the researcher developed a case file decision-making analysis guide and semi-structured interview schedules for the social workers and supervisors. After obtaining ethical clearance for the study, a letter explaining the purpose of the study, setting out its objectives and methodology and requesting approval to conduct the study was developed and sent to the Gauteng DSD each of the NGOs in the respective districts in Gauteng. An information sheet and consent forms were developed for the clients and children featuring in the social workers' case files to be analysed as part of data collection, informing them of the study and requesting their permission to have access to their information. A letter for their consent and an assent form for children under 18 years old was also developed.

Once approval was obtained from the Gauteng DSD and the respective NGOs, the researcher scheduled meetings with the district managers in government in Gauteng. They were provided with information sheets about the study and were requested to

select one local office in their respective districts with the highest foster care caseload where the study could be conducted. Meetings were scheduled with the local office managers at each of the five local offices (one from each district). The local office manager was provided with the approval for the study from the Gauteng Department and the information sheet about the study, briefed about the purpose of the study and requested to select social workers and supervisors with the highest foster care caseload to participate in the study. The researcher then planned to meet with the social workers and supervisors recommended by the local office managers, provide them with the consent letter from the Head of the Gauteng DSD, their respective information sheets, brief them about the study and request their consent to participate in the study.

Once approval was received from the participants (social workers and supervisors) in government, they were requested to select a case file for data analysis, to complete participant consent forms, client information sheets and consent forms to obtain the client's and child's or children's consent or assent for access to their information. When the client's and child's consent forms were received, a date was scheduled for the analysis of the case files and interviews at the participants' offices. It was planned for the same day or different days depending on the availability of the participants. The same process was followed with the respective NGO's. The researcher contacted the directors of the respective NGOs by sending them a letter explaining the purpose of the study, setting out its objectives and methodology and, requesting approval for the NGO to participate in the study, approval for a case file analysis and interviews with the social worker with the highest foster care caseload and his/her supervisor at the organisation. Once the approval and the information about the social workers and supervisor who would participate in the study was received, the researcher contacted the social workers and supervisors, set up appointments to brief them and provide them with the participant information sheets, consent forms, client and child's consent and assent forms and the client's information sheet. After the consent forms were received, appointments were scheduled for the case file analysis and the interviews with the participants, which were planned for the same day or different days of the interviews in the respective NGO's, depending on the availability of the participants.

1.4.6. Methods of Data Collection

The researcher used a triangulation of data collection methods in this study namely semi-structured face-to-face interviews with social workers and supervisors as well as a document guide for the analysis of the social workers' case files.

Interviewing is described as the best method to understand the meaning people attach to their experiences. In-depth interviewing is mostly open-ended and therefore preparation, planning and structure are essential. In a semi-structured interview, a set of core questions are specified. The questions are open-ended. Open-ended questions give participants greater freedom to answer questions in a way that suits their interpretation and the researcher records as much as possible (Seidman 2006:11). In comparison with the unstructured interview, the semi-structured interview schedule enables the researcher more latitude to probe beyond the answers and have a dialogue with the interviewee and still provide structure for the interview. Given the latitude of the semi-structured interview and the need to understand the context and content of the interview, it is advised that the researcher does the interview personally (May 2011:134-135). The semi-structured interview is more appropriate to social constructivism and realism. Semi-structured interviews are open-ended, leaving the participants free to respond in whatever manner they choose and must have a conversational tone (Matthew & Ross 2010:231).

Case files are selected for document review because they are required to be detailed, accurate and well-substantiated as the case files can be required as evidence in some court inquiries. Direct real-time observation of social worker's decision-making processes may prove to be intimidating and social workers may refuse to participate in the study. Hence, analysis of the case files provides the required information and is non-intimidating for the participants. Furthermore, participants are given an opportunity to clarify any content in the files that may cause discomfort. The researcher developed a guide to analyse the case files. Hancock and Algozzine (2001:51) state that the questions that guide information gathered from documents are: Who has the information? What information is needed? Where will the information be collected? How will it be collected? And the researcher added: When will it be

collected? For the purposes of this study, we know that the social workers who participate in the study are the custodians of the information and irrespective of where the information is stored, they are entrusted to make the information available. The information was analysed in their offices. The participants and the researcher agreed on the time frames for the availability of the case files. The following table sets out the preliminary questions that guided the case file analysis in terms of what information was relevant for the study.

GUIDE FOR THE ANALYSIS OF CASE FILES

District		DSD		NGO
Social Worker	Codes	Supervisor	Codes	File No: Code
NB:DSD – Social Development NGO – Non Government Organisation				
1. Structure of the service (Types/Nature, Frequency and Duration of services rendered)				
How was the structure of services determined?				
What were the factors that influenced decision-making processes around the structure of services?				
How were decisions made? (Analytic vs Intuitive)				
Record decisions and factors influencing decisions				
2. Preventative services				
What preventative services were rendered?				
How were decisions made? (Analytic vs Intuitive)				
What were the factors that influenced decision-making processes around preventative services?				
Record decisions and factors influencing decisions				

3. Forms of referral
What referrals were made?
How were decisions made? (Analytic vs Intuitive)
What were the factors that influenced decision-making processes around referrals?
Record decisions and factors influencing decisions
4. Assessments
What assessments were used?
How were decisions made around assessments made? (Analytic vs Intuitive)
What factors influenced the decision-making processes in assessments?
Record decisions and factors influencing decisions
5. Placements (preparation for the separation of children)
How were children prepared for placement?
How were decisions made? (Analytic vs Intuitive)
What factors influenced the decision-making processes in placements?
Record decisions and factors influencing decisions
6. Court procedures
What were the decisions made by the court?
How were decisions made? (Analytic vs Intuitive)
What factors influenced the decision-making processes around court procedures?
Record decisions and factors influencing decisions
7. Supervision (reconstruction, rehabilitation and reintegration)
What supervision services were rendered?
What factors influenced the decision-making processes around supervision?

How were decisions made? (Analytic vs Intuitive)
Record decisions and factors influencing decisions
8. Were there any other processes in the continuum of services?
9 Were there any other decision makers apart from social workers and supervisor?
Record decisions and factors influencing decisions

The data obtained in the analysis of the case files informed the semi-structured interviews with the social workers. The following schedule was developed to guide the interview with the social workers.

INTERVIEW GUIDE FOR THE SOCIAL WORKER

District		DSD		NGO
Social Worker	Codes	Supervisor	Codes	File No: Code
Explain to the social worker that the goal of the interview is to get more information or a deeper understanding about the decision-making processes they were involved in and the factors which influenced these decisions				
1. Experience				
How many years of experience do you have as a social worker?				
How long have you been working within the field of foster care?				
2. Education and training				
What are your qualifications?				
Are you pursuing a post-graduate qualification?				
Did you receive post-university training in the past? What sort of training and how often?				

2. Focus on case file
Take me through the case and tell me at each point where decisions were made, how the decisions were made? (Analytic vs Intuitive)
If analytical, what guided the decision-making process? (Probe to determine what guides analytical processing e.g. tools, risk assessment processes, guidelines, theory)
If intuitive what guided the decision-making process? (Probe to determine the intuitive processing)
What were the factors that influenced the decisions and how did they influence the decisions? (Analytic vs Intuitive)
3. Role and support of colleagues in decision-making
Do colleagues guide, support and influence decision-making?
If yes, how? (Analytic vs Intuitive)
4. Role of the supervisor in the decision-making process?
How is the supervisor involved? Formal? Informal?
How does the supervision input into the decision? (Analytical or intuitive?)
5. What other factors influence decisions, and how? (Environmental, organisational, policy, courts, legislation, etc.)
6. If the factors that influence decisions were to be developed into a matrix to guide decisions, what would the content of such a matrix be?
7. Any other comments or issues you wish to mention?

The data collected in the analysis of the case file and the interview with the social worker were used as a guide in the interview with the supervisor.

INTERVIEW GUIDE FOR THE SUPERVISOR

	DSD		NGO		File No:
	Social Worker	Code		Supervisor	Code
1. Experience					
How many years of experience do you have as a supervisor?					
How long have you been working within the field of foster care?					
2. Education and training					
What is your level of qualification?					
Did you receive post-university training in the past? What sort of training and how often?					
2. Focus on the case file					
Take me through the case and tell me at each point where decisions were made, how the decisions were made? (Analytic vs Intuitive)					
How did you guide the decisions in this case? (Analytic vs Intuitive)					
If analytical, what guided the decision-making process? (Probe to determine what guides analytical processing e.g. tools, risk assessment processes, guidelines, theory)					
If intuitive, what guided the decision-making process? (Probe to determine the intuitive processing.)					
What were the factors that influenced the decisions and how did they influence the decisions? (Analytic vs Intuitive)					
3. What other factors influence decisions, and how? (Environmental, organisational, policy, courts, legislation, etc.)					

4. If the factors that influence decisions were to be developed into a matrix to guide decisions, what would the content of such a matrix be?
5. Any other comments or issues you wish to mention?

The setting for the interview was conducive for meaningful interaction. Since interviews were conducted in the workplace, it was important that the researcher negotiated that the interviewee be allocated sufficient time for the interview without disruptions. To optimise the time, the social workers and supervisors were sent the questions in advance to prepare for the interview. Should there have been language barriers, the services of an interpreter would have been obtained (Matthews & Ross 2010:225). However, most social workers and supervisors work in a multi-linguistic setting where English is the dominant language.

The interviewer used accessible and informal language and there were no interruptions in the interview process, such as phone calls. The interviewer was neutral and cautious about concurring with or taking exceptions to the views of the participants (Magnusson & Marecek 2015:49-51). Interviews are complex as they require the researcher to listen, record, think of follow up questions and determine what to probe and what to let go. The interviewer was aware that the initial engagement between the interviewer and the participant set the tone for the rest of the interview (Swaminathan & Mulvihill 2017:43-44). The interviewer showed the interviewee that they were fully engaged in the interview and used reflection, paraphrasing and summarising to indicate to the interviewee that she understood and correctly interpreted the information. The researcher was cautious not to ask too many questions, leading questions or why questions, which could have made the participant feel threatened (Terre Blanche, Durrheim & Painter 2014:301). The interviews with the social workers and supervisors were audio recorded and transcribed into a Microsoft Word document.

1.5. PILOT TESTING

Pilot testing is defined “as the process of refining the data collection instrument” (Devlin 2018:95). The purposes of piloting the interview instruments are, firstly to determine if the wording is correct, secondly, that the order of the questions flows from one point to another, and thirdly, to get comfortable with the interview (Magnusson & Marecek 2015:70). Pilot testing is also described as “the review of the data collection instrument which should be recorded so that the instruments can be improved afterwards” (Yin 2016:39). It is important to inform participants that the process is a pilot. It can take several drafts of the interview questionnaire to provide the responses required. In order to develop a good interview and document review instrument, it should be pre-tested or trial interviews should be conducted at least twice (Yin 2016:40). The researcher’s definition of pilot testing is the refinement of the data collection instrument after testing.

A peer review of the instruments was planned. Feedback from peers was used to revise the instruments. A follow-up pilot test was done at a local office of either government or CWO, with data collection from a case file, social worker and supervisor who were informed that the process was a pilot test. The instruments were revised and finalised for implementation across the province. This opportunity was also used to get feedback from the supervisor and social worker on the best way to introduce the topic to participants without making them feel that they or their decisions might be judged.

1.6. METHODS OF DATA ANALYSIS

Methods of data analysis is defined as encompassing data organisation, theme development, interpretation of the data and report writing (Marshall & Rossman 2016:214). Some authors define data analysis by its stages, namely compiling the data into a database; organising and indexing the data; disassembling the data into codes and then reassembling the data into emerging patterns and convincing arguments, and reporting (Yin 2016:184-218; Mason 2002:145-173). Coding is one of

several methods of working and building knowledge about the data. Coding is an abstract presentation of the phenomena (Bazeley & Jackson 2006:70). The data can be analysed by the process depicted in Figure 1.1, where it is organised into a thematic scheme, sub-categorised into the elements and coded using numbers and letters that can be indexed into respective themes constructing linkage, relationships and interdependencies. Flow charts can be used to link the themes, elements and sub- categories to respond to the questions and test the theory by finding coherence and support for the theory or disputing it (Braun & Clarke 2006:77-101).

The thematic analysis of data can include a combination of the essentialist (top down) and the constructionist (bottom up) approach to the analysis. In analysing the data using the bottom up approach, the material must be read several times, reading for underlying messages, interpreting underlying messages and inducing themes. The data analysis with this approach is aimed at aggregating, clarifying and presenting the data in support of the theory or the development of a new theory. The top down approach involves organising transcribed data into a logical or theoretical framework from the broad principles to the basic elements. (Terre Blanche, Durrheim & Painter 2014:94-100). Ragin and Amoroso (2011:60) offer the following interpretative frame for social research which corresponds with the thematic analysis discussed above:

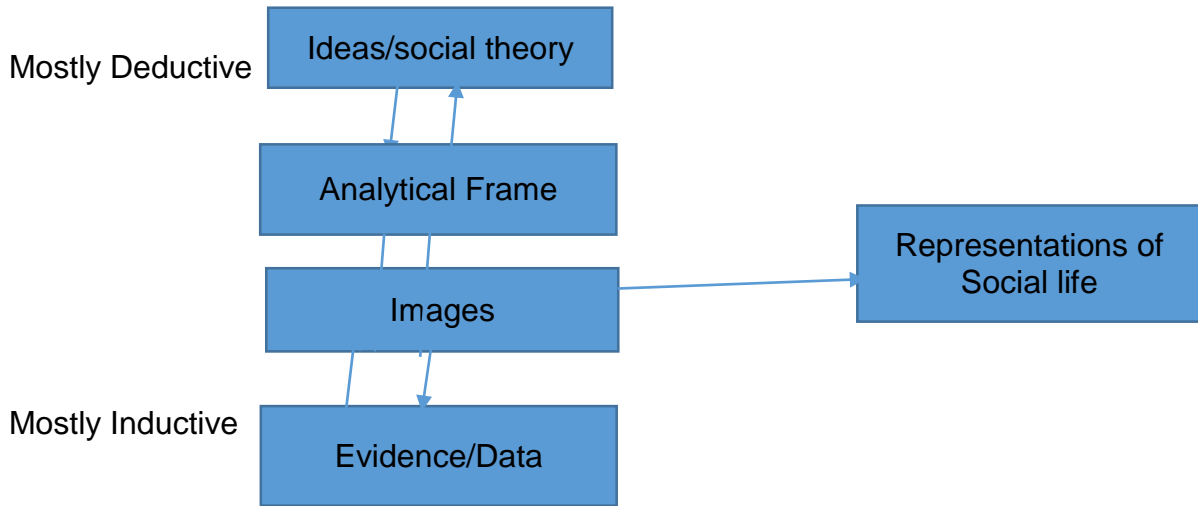


FIGURE 1.1: A FRAMEWORK FOR DATA ANALYSIS (Ragin & Amoroso 2011:60).

The bottom-up approach corresponds with the “mostly inductive” process, while the top down approach refers to the “mostly deductive analysis”. The top down approach will entail using a theoretical framework and disaggregating the data into codes and themes, and the bottom up approach entails reassembling the data into images or categories. Images often say something about the relationship to the questions. The images connect the aspects of the data to form a coherent whole, which becomes a representation of what the researcher wants to present. The type of analytical frame used will unfold with the data. (Ragin & Amoroso 2011:60).

The data analysis for this study was done using a combination of the top down and bottom up approaches. The conceptual framework influenced the questions formulated for data collection (top down or mostly deductive approach). Data was collected by in-depth interviews and the analysis of social worker’s case files which were transcribed into a word document and stored in rich text format. Atlas.ti5 was used to assist the researcher through the bottom up or mostly inductive approach to organise the data into themes and categories corresponding to the questions asked to participants. Images might be used to connect the aspects of the data to form a coherent whole, which can become a representation of what the researcher wants to present. The software was used to form relationships and interconnections between

the themes identified. In addition to the researcher analysing the data, an independent coder was also be used to confirm the analysis.

1.7. METHODS OF DATA VERIFICATION

Trustworthiness in qualitative research is defined as the degree of confidence qualitative researchers have in their data, assessed by using the criteria of credibility, transferability, dependability, and confirmability as alternative constructs to the validity and reliability in quantitative studies (Anney 2014:275; Shenton 2004:70; Guba & Lincoln 1989:1-2).

Credibility is defined as the confidence that can be placed in the truth of the research findings (Anney 2014:276). Credibility is attained by prolonged engagement in the field, use of peer debriefing, triangulation or use of multiple and different methods, investigators, sources and theories to obtain corroborating data as well as member checks of data and interpretations as they are derived from participants (Marshall & Rossman 2016:46-47). Credibility refers to the idea of internal consistency, where the core issue is “how to ensure rigor in the research and how to communicate this to others” (Lincoln & Guba 2000:163-188). The researcher planned to enhance the credibility or believability of the study through triangulation of data collection methods, namely interviews and analysis of case files and a detailed description of the theoretical framework. Interpretations were discussed with colleagues for confirmation. The collective case study design enabled data to be collected from several sites across several cases allowing for the comparison and cross referencing of information for credibility.

Transferability is defined as the degree to which the results of a qualitative study can be transferred to other contexts with other respondents (Anney 2014:272-281). Transferability is the confidence readers have with the context of the research study to be able to transfer the results and conclusions to other situations (Shenton 2004:70). Transferability results when the researcher provides a detailed description of the research by detailing the research process from data collection, context of the

study to the production of the final report (Guba & Lincoln 1989:1-15). Transferability is improved by providing a thick description of the participants selected and how the sampling was done (Marshall & Rossman 2016:46-47). Transferability was achieved by detailing the methodology and the context of each case study. The selection of the participants is based on purposive sampling where the criteria for their selection is quite explicit and related directly to the research question. The collective case study design enabled the transfer of findings across the cases.

Dependability is defined as the stability of the findings over time (Anney 2014:272-281). It is established by using an audit trail where the researcher accounts for all the research decisions and shows how the data was collected (Marshall & Rossman 2016: 46-47). Dependability is defined as “the way in which the study is conducted to be consistent across time, researchers and analysis techniques” (Gasson 2004:79-80). The data passes the test of step-wise replication where two or more researchers analyse the same data separately and the results are similar. Another strategy is to recode the data to allow for gestation; if the results are the same then there is dependability. Peer examination and review is allowing peers to provide feedback on the data and identify gaps which also fosters dependability on the results (Guba & Lincoln 1989:1-15). Dependability was enhanced by the use of an independent coder and using peers to review the data and provide feedback on the researcher’s reflexivity and gaps in the processes and the data collection. Comprehensive recordings of the data were planned. Peers across several sites were able to review the data, provide feedback and identify the gaps, enabling the dependability of the study.

Confirmability refers to the degree to which the results of the research can be confirmed or corroborated by other researchers (Anney 2014:272-281). It occurs when the findings represent the situation being studied and not the values, beliefs or theories of the researcher (Morrow 2005:252). The results can also be confirmed by the researcher keeping a reflexive journal of all the happenings in the field and personal reflections in relation to the study (Guba & Lincoln 1989:1-15, Marshall & Rossman 2016:46-47). Confirmability, or objectivity of the findings was achieved by the use of reflexivity. Reflexivity is a continuous process of reflection by researchers

on their values and of recognising, examining, and understanding how their “social background, location and assumptions affect their research practice” (Hesse-Biber & Piatelli 2007:493). Reflexivity is defined as the “analytic attention to the researcher's role in qualitative research”. In this study the researcher works in the same sector as the participants and whilst she is not directly involved in the line of authority with the participants and has little knowledge of their operations she does have influence in terms of influencing change in the field. The researcher had to be consciously aware of her role in the sector and respond to concerns participants may have and not involve herself in the operational issues of the participants.

Peers and participants also provided feedback on the findings.

1.8. ETHICAL CONSIDERATIONS

The following section focuses on a discussion of the most important ethical considerations and how they were applied in this study. Ethics are defined as “a set of rules by which individuals and societies maintain moral standards in their lives” (Matthews & Ross 2010:710). Loseke (2017:43) defines ethics as “conforming to the standards for protecting research participants”. Thomas (2011:68) describes ethics as “the principles of conduct about what is right and wrong”. The researcher understands research ethics as the conduct by the researcher to ensure the utmost well-being of the research participants at all times.

The most fundamental ethical principles for any research in respect of the participants, and for the researcher to implement and abide by, are the following:

1.8.1. Informed Consent

Informed consent is about the participants agreeing to participate in the research after having all the information about the research (Thomas 2011:69). Informed consent is making sure that the people who are going to take part in the research understand what they are consenting to participate in (Matthew & Ross 2010:73). Informed consent is “when participants are informed verbally and in writing that their

participation is voluntary, the parameters of the study and implications for them” (Marshall & Rossman 2016:55). The researcher defines informed consent as informing participants fully about the nature, extent and the duration of their participation in the study, and disclosing any risks or benefits of their participation. Letters detailing the nature of the study and a request for consent were sent to the Provincial DSD (Addendum D) and the directors of NGOs (Addendum E). Information sheets with consent forms were provided to each social worker and supervisor (Addendum F), as well as the clients (Addendum H) and children (Addendum I) involved in the case. Their consent was obtained in writing before the commencement of data gathering, informing participants that there would be no consequences for refusal. There would be no undue inducement, and due regard for the participants’ privacy, dignity and well-being would be exercised. Participants would also be told that they would be free to withdraw from the research at any time before or during data collection without any consequences (Reamer 2013:42). Data collection only commenced when the informed consent of all participants involved in, and relevant to, the study has been obtained.

1.8.2. The Protection of Privacy, Confidentiality and Anonymity

Privacy can be defined as “the non-interference in individual’s thoughts, knowledge, acts, associations and property” (Reamer 2013:42). Protection of privacy is defined as the researcher determining from participants if they wish to have their names disclosed in the publication of the report according to Hoonard (cited in Tolich 2016:67). Confidentiality is the non-disclosure of any personal information of the participants (Reamer 2013:42). Anonymity is the protection of the privacy of the participants and undertaking not to disclose the personal information of the participants. Participants were given fictitious names and locations when reference was made to them (Neuman 1997:452). The researcher informed the participants of their rights to privacy and confidentiality verbally and in writing before obtaining their consent and assure them that their identity would remain anonymous and only be disclosed with their written consent. The information required from the files was

related to the decision-making of the social workers and no information relating to the identity of the client was required for this study, however a request was made to social workers participating in the study to inform both the clients and the children involved in the case about the study and obtain their consent for access to their information (see Addendum H & I). The independent coder signed a confidentiality and protection of information agreement with respect to the data that was analysed (see Addendum K).

1.8.3. Preventing Harm and Distress

No research should cause harm and distress to beneficiaries. It should contribute to the benefit of participants (Walliman 2011:261). The researcher also followed the rules, code of conduct and the ethics of the workplace and of the profession of social work during the fieldwork to ensure that no harm and distress was caused to the participants (Marshall & Rossman 2016:52) The aim of research is to empower and improve social work practice and in this study there was no anticipated harm or distress to participants (Reamer 2013:42).

Foster care services in South Africa are a contentious subject and social workers may be sensitive about a study of their decision-making processes, irrespective that it focusses on the factors that influence their decisions. The researcher, thus, approached the participants in a non-intimidating manner and ensured that they understood the purpose of the study. Information on the purpose of the study was provided verbally as well as in writing.

However, given that the researcher is from the same social sector as the participants there could have been the unintended stress that poor performance may be detected and reported. Should this concern have arisen, the researcher would have assured participants that she has no authority over their performance.

1.8.4. Beneficence

Beneficence adds to the respect for participants by ensuring their utmost well-being, no harm is inflicted and the maximum benefit is derived from the study (Walliman 2011:261). The researcher must assess the risks and benefits for the immediate as well as the foreseeable future, and if there is any possibility of the risk of harm, the study should not be undertaken (Marshall & Rossman 2016:52). The justice principle states that the population that is studied should benefit from the research and assure participants that they are selected for research reasons and not for personal reasons (Ragin & Amoroso 2011:89). The risk assessment tool of the College of Human Sciences was completed to assess the risk of the study. The only foreseeable risk to participants is that social workers might feel uncomfortable that their decision-making processes related to foster care services rendered are researched. It was clearly explained to them that the focus of the study is not to assess them, but to understand factors influencing the decisions and to develop a matrix to guide decision-making in this regard. It was stressed that information read in case files would be kept confidential.

1.8.5. Conflicts of Interest and Relationship Boundary Issues

During data gathering the researcher plans to respond flexibly and respectfully to the concerns of research participants but avoid becoming involved in the practice and interpersonal issues of the research participants (Engel & Schutt 2014:5-8). The researcher avoided prioritising data collection over the well-being of participants (Marshall & Rossman 2016:51; Reamer 2013:51). The researcher being a senior manager in the same sector had to constantly be aware of her role as a researcher and not as a manager whilst conducting this research. Since the researcher is not involved in direct practice in foster care she was able to remain independent and not get involved in the practice and personal issues of the participants. She used reflexivity to stay aware of the possible influence that her work interest could have on her role as a researcher.

1.8.6. Management of Information

The researcher has the responsibility to ensure that the identity of the participants is protected and kept confidential (Hoonard cited in Tolich 2016:67). The researcher also has the ethical responsibility to report accurate information and not falsify results for self-interest (Marshall & Rossman 2016:55; Walliman 2011:258). The participants were be consulted to ensure that the data accurately reflects the information they provided and that the researcher's interpretations of the data is correct (Yin 2016:44). The final report acknowledges the contributions of all that resulted in the final product. Any appropriation of information from someone else has been fully acknowledged (Hollway & Wheeler 1998:45). The raw data was converted into PDF's and stored electronically in a file that is password controlled for a period of five years, safe from unauthorised access, accidental loss and destruction. The hard copies of the raw data will be shredded and burned. After five years the electronic copy of the data will be permanently deleted (Matthew & Ross 2010:79).

1.8.7. Debriefing of Participants

At the conclusion of the fieldwork, the researcher provided feedback on the evidence collected and what it means for the participants (Walliman 2011:259). Participants were given an opportunity to clarify any misconceptions, ambiguities and to enhance their content (Hollway & Wheeler 1998:46). If possible, participants were given a copy of the draft report for confirmation of content before it was concluded and submitted (Devlin 2018:122). The reasons for this not being possible with this study will discussed in Chapter Three. All participants were given an opportunity to participate in a debriefing session with a debriefer should they have issues or feelings arising from participation in this study (see Addendum J).

1.9. CLARIFICATION OF KEY CONCEPTS

Some of the key concepts used in this study are as follows:

1.9.1 Factors

In a study by Bliss (2011:3) factors are defined “as components such as knowledge, attitudes and practices”. Factors can also be defined as “variables such as social worker attributes, values, beliefs, organisational, environmental characteristics, policy and practice guidance, training, administrative support, resources and capacity that results in variations in decision-making strategies” (Hackett & Taylor 2014:1). In a study by Zuravin and DePanfilis (1997:35) factors were referred to as “the standard placement criteria in child protection”. In this study the researcher defined factors as variables such as social worker attributes, values, beliefs, organisational policies, principles, procedures, environmental characteristics, context, information, methods, social policy, legislation, practice guidance, training, administrative support, resources, capacity, family and child circumstances as well as standard practice criteria.

1.9.2. Influence

Influence is defined by Font and Macquire-Jack (2015 70) as “a contribution or impact”. Keddell (2014: 917) defines influence “as contributing”. In this study, influence is also defined as “contributing”.

1.9.3. Decision

A decision is defined as an “intentional choice made from a number of alternative possibilities that will result in some effect” according to Van Bommel & Helder (cited in Proctor [sa]:1). The prescriptive model of decision-making defines a decision as “considering what the possible options are, what the consequences may be and how probable they are, judging how good or bad these outcomes would be and finally picking the option that best reflects the decision maker’s values and beliefs and the one that is likely to have the most beneficial consequences” (Munro 2008:104). Social work decisions are defined as “professional judgments based on limited information while operating within the parameters of respectable uncertainty and

healthy scepticism” (Thompson 2020:49). The researcher adopts the definition by Van Bommel and Helder (cited in Proctor [sa]:1) for the purposes of this study because it fits the context of this study.

1.9.4. Decision-making process

Decision-making process is defined as the steps taken to make a choice amongst completing alternative options with an awareness of the risks associated with each option and that all attributes of the choice are considered in an integrated manner (Lunenberg 2010:1; Zio & Pedroni 2012:1). Harvey (2007:1) defines decision-making process as the systematic documentation of reasons for the selection of an action against other options. The researcher’s definition of decision-making process is the reasoned selection of a choice against competing options which is implemented to achieve the stated objectives.

1.9.5. Social Worker

Section 1 of the Children’s Act, 2005 (South Africa 2006: section 1) states that a social worker means a person who is registered or deemed to be registered as a social worker in terms of Section 17 of the Social Services Professions Act 110 of 1978. The National Association of Social Workers (NASW) (NASW 1973:1) defines a social worker as “the professional activity of helping individuals, families, groups or communities enhance or restore their capacity for social functioning”. A social worker is defined as “the worker primarily responsible for case management or service coordination and meeting the foster care requirements for a foster care case” (Virginia Department of Social Services 2015:10). The researcher agrees with the definition of a social worker in terms of the Social Services Professions Act 110 of 1978.

1.9.6. Foster Care

Section 1 of the Children’s Act, 2005 (South Africa 2006: sections 1 & 180) states that “foster care means care of a child described in section 180(1) and includes foster

care in a registered cluster care scheme. Foster care is a temporary placement for a child whilst reconstruction and/or rehabilitation services are rendered to the natural family for the reunification with the child or children, or there is planning for a longer term care such as adoption” (Pardeck 1982:1). Font (2014:2074) defines non-relative foster care as “the formal placement of children with adults who are licensed by the local child welfare authority to provide care for wards of the state”. She defines kinship care as “the formal placement of children removed from their homes, with persons related to the child through blood, marriage, or adoption with some variation across states on the definition of kin”.

1.9.7. Foster Child

A foster child is defined as “a child placed in the care of a person who is not the parent or guardian of the child as a result of an order of court or a transfer in terms of section 171 of the said Act” (South Africa 2006: section 180). The Virginia Department of Social Services (2015:7) defines a foster child as “a person who has been placed into foster care through a non-custodial foster care agreement, entrusted, or commitment before 18 years of age”. A foster child is a child placed in the custody of a foster parent in terms of Chapter 3 and 6 of the Child Care Act 74 of 1983 and 72 of the Child Justice Act 75 of 2008. The researcher adopted the definition of a foster child in terms of the Children’s Act of 2005 (South Africa 2006: section 1).

1.9.8. Foster Parent

Section 1 of the Children’s Act 38 of 2005 (South Africa 2006: section 1), states that “a foster parent means a person who has foster care of a child by order of the Children’s Court, and includes an active member of an organisation operating a cluster foster care scheme and who has been assigned responsibility for the foster care of a child”. A foster parent is defined as “a person except a parent of the child concerned, in whose custody a foster child has been placed in terms of any law, or tutor to whom a letter of tutorship

has been issued in terms of Chapter iv of the Administration of Estates Act 66 of 1965” (South Africa 2006: section1). Foster parent is defined as “a person that has been approved by the local department of social services to provide substitute care for children until a permanent placement can be achieved” (Virginia Department of Social Services 2015:7). The researcher adopts the definitions both in terms of the Children’s Act of 2005 and the Social Assistance Act of 2006.

1.9.9. Decision-making matrix

A decision-making matrix can be used in a variety of situations to simplify complex situations and provide a clear way to think through complex decisions. It is also an activity used to analyse and prioritise information (Gay, Stubbs & Galindo-Gonzalez 2016:1). A decision matrix is a tool that unpacks the decision-making theory of a programme (Misyak & Chater 2014:4). A decision matrix can help not only to simplify complex decisions, but also to prioritise activities, solve problems and build reasoning to defend a decision already made. The researcher agrees with the foregoing descriptions of a decision-making matrix.

1.9.10. Intuition

Intuitive decision-making, according to Kirkman & Melrose (2014: 45), is based on a wide range of prior knowledge and experience gained over a period of time. O’Sullivan (2011:90) defines intuition as making judgments and decisions without conscious deliberation. The researcher agrees with the aforementioned definitions.

1.9.11. Professional or Practice Wisdom or Skilled Intuition

Professional wisdom is defined as decision-making based on knowledge from multiple sources namely experience, research, theoretical and administrative sources (O’ Sullivan 2011:85-87). The combination and use of multiple sources of knowledge, while competently managing their emotions. The concept includes, but is not restricted, to experiential knowledge developed through practice experience

(O'Sullivan 2011:87). Professional wisdom is also referred to as practice wisdom namely, the intellectual capacity that enables practitioners to integrate different types of knowledge, modes of thinking, emotions and actions to facilitate sound judgment (Collins & Daly (2014: 4). Kirkman & Melrose (2014: 19) state that experience and knowledge results in skilled intuitive decision-making. The researcher defines practice or professional wisdom, also referred to as skilled intuition, as integrating experience and emotions in an objective manner with the different forms of knowledge acquired in different ways or through different practice experiences.

1.9.12. Analytical

Analytical decision-making is described as professional judgments based on explicit knowledge, like research, evidence and sound reasoning utilising robust assessment tools (Taylor 2012:546). Analytical decision-making is how social workers use independent assessment tools and empirical evidence to make judgment and decisions (Collins & Daly 2011:15). The researcher defines analytical decision-making as decisions that are derived independently from assessment tools and research evidence.

1.9.13. Mixed Decision Theory

The mixed theory of decision-making is the combination of intuition and analysis in varying forms depending on the context. Combining the explicitness of analysis with skilled judgements of professional intuition means that intuitive judgments can be explained, it can be used to make some of the component judgements within analysis (Kirkman & Melrose 2014: 39; O'Sullivan 2011: 92). The researcher's definition of the mixed theory of decision-making is the combination of intuition and analytical tools with the result of the analytical tools forming the core element of the decision-making process.

1.9.14. Foster Care Services

The definition of foster care is a legal one and does not specify the foster care services the social worker must render to obtain a court order for the placement of the child or to maintain a child in foster care or for the reunification of the child with his or her biological family (RSA 2006:section 180). The construct of foster care services is described in the Guideline for the effective management of foster care in South Africa (DSD 2009:30-49). It guides the practice of foster care in South Africa by describing the processes and services the social worker must render in the management of foster care namely assessment which involves prevention, early intervention and investigations, placement or the statutory services and supervision of the placement which also includes the reconstruction and reintegration services (DSD 2009:30-49). This guideline informed the description of foster care services within this study as encompassing the continuum of services rendered to the child, even before being officially placed in foster care by the court (DSD 2009:30-49).

1.10. STRUCTURE OF THE REPORT

Chapter One covers the introduction to the study, the description of the problem, the purpose of the study, the research questions, research objectives, the conceptual framework, clarification of concepts, the ethical considerations in the study, the significance of the study, coding of the participants, limitations of the study and the structure of the report.

Chapter Two consists of the literature review on all the existing information on the types of decision-making processes, foster care and the factors that guide the decision-making processes of social workers rendering foster care services.

Chapter Three includes the applied research methodology referring to the population, sample and methods of data collection, data analysis and the trustworthiness of the study.

Chapter Four includes the presentation of the findings of the research study with literature control.

Chapter Five covers a summary of findings, conclusions, limitations and recommendations, including the developed decision-making matrix to guide social workers rendering foster care services.

1.11. CHAPTER SUMMARY

In this chapter decision-making processes by social workers rendering foster care services was discussed in brief. There has been an evolution in the decision-making processes of social workers over time, moving from gut feeling and intuitive decision-making, to more empirical, evidence-based analytical decision-making. The problem statement for the study was formulated and the gaps in the literature on the subject matter of this study were highlighted. The current status of foster care services in South Africa with the continuous intervention of the North Gauteng High Court from 2011 to 2022 was described, to provide an understanding of why a study regarding the factors that influence the decision-making processes of social workers rendering foster care services in Gauteng is urgent. The rationale for the study in light of the current challenges confronting foster care services in South Africa was discussed. Decision-making theories in social work were reviewed and the research questions, goals and the objectives of the study were set out. The research methodology covering the qualitative approach and the collective case study design were deliberated. Social workers and their supervisors rendering foster care services within government and NGOs were identified as populations from whom a sample was purposively selected to collect data for analysis to respond to the research questions. The data was collected through face-to-face interviews and case file analysis. The preparation for data collection was discussed systematically, as well as the process of piloting the data collection instruments, data analysis and data verification. The chapter was concluded with the ethical considerations in conducting this study and clarification of the key concepts used in the research questions.

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

In this chapter, the researcher covers the definition, values and principles of social work, social work as a profession, the theories of decision-making and their biases, and the ethical approaches to decision-making. She then discusses foster care, its historical overview, an analysis of the current situation, types and the phases of foster care in South Africa, culminating in the factors that influence decision-making, reflection and supervision in foster care.

To understand the decision-making processes of social workers, it is key to understand what social work is. The International Federation of Social Workers (Beckett 2006:5) defines social work as, “the profession that promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being”. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. The principles of human rights and social justice are fundamental to social work. The definition of social work involves values, theory and practice. Social work is very diverse, influenced by a number of factors such as the types of clients or service users, the nature of the organisations that social workers work for, the type of setting they work in, and the roles social workers play (O’ Sullivan 2011:18; Beckett 2006:7). Social workers are professionals who need to make difficult decisions on a daily basis in the best interests of children. Professionals are generally defined as people who make a positive contribution to the well-being of our society by providing competent services, who are knowledgeable and committed to continuously improve their performance by ongoing learning (Bruce 2013:9). Key themes were identified by Jones and Joss (1995:25) as significant features of professional performance such as working with uncertainty, theoretical knowledge informing practice, the application of professional values and the approach taken to professional development (Bruce:2013:9).

Dealing with uncertainty requires a variety of differing approaches and the ability of social workers to use their discretion when choosing an appropriate action. The acquisition and the maintenance of a theoretical knowledge base that would inform practice decisions has also been previously accepted as one of the necessary characteristics of a professional. Professional development occurs through a process of experiential learning from doing. Learning takes place through analysis by observing, reflecting, experimenting and conceptualising (Jones & Joss 1995:26). Personal values also represent what people consider as good, right or normal and therefore may differ across cultures and within cultures due to each individual's experience of gender, age, social class, race and ethnicity. Just as personal values inform our thinking and judgements, professional values provide us with a framework on which to base decisions that are often complex and without clear right answers (Bruce 2013:24).

Social work as a profession is guided by ethical values and principles. The ethical values of the social service professions in South Africa are social justice, respect for people's worth, human rights and dignity, competence, integrity, professional responsibility and service delivery. The principles of social work practice are the best interest principle, commitment to early intervention, participation of children and young people in decision-making, and the provision of out-of-home care, permanency planning and stability (South African Council for Social Service Professions 2002:5). The principles of good practice for child well-being and child protection are defined by Beckett (2007:8) as, "the rights-based approach based on the convention on the rights of the child. The best interest of children is the primary concern in all matters concerning the child. All children must be heard. Children have the right to be given information about decisions and plans that concern them, and practice must be culturally sensitive. Social work practice must demonstrate systematic integrity with children being safe in their own communities with early intervention and prevention being prioritised". Bruce (2013:25) adds that the professional values that guide social work practice are human rights, dignity, worth, social justice, challenging discrimination, recognising diversity, service to humanity, integrity and competence.

There has been consistency of the social work values and principles of the profession over time (Bruce 2013:26).

Child protection work is highly emotive as social workers investigate and work with families who are possibly abusive, in an atmosphere filled with strong feelings, anger, anxiety, concern and fear (Beckett, 2006:176). Even in these circumstances, social workers routinely make highly complex and highly challenging decisions (Kirkman & Melrose 2014:16). In the quest to improve social work practice there is an increasing need to improve the nature and the transparency of decision-making in social work. To determine what constitutes sound decision-making, an understanding of the factors that influence it and the mechanisms required to support it, is important. Social work is not only about making the right decision but about making a defensible one (Pollack 2008:5). In the following paragraphs the researcher will discuss the theories of decision-making and their biases.

2.2. DECISION-MAKING THEORIES IN SOCIAL WORK

Decision-making in foster care is vitally important because the lives and liberty of children are dependent on these decisions, often made during crisis intervention or high risk situations. Social workers' decisions must be made explicitly on professional knowledge and sound reasoning using robust assessment tools and empirical evidence (Taylor 2012:546). Taylor (2012:547) adds that despite the increasing pressure for professionals to be more explicit and transparent about their decision-making, social workers may have little conscious awareness of how they make decisions. Frontline social workers are supposed to consult with their supervisors on the decisions they make, however, in most cases they make recommendations that influence the decisions (Taylor 2012:548; Collins & Daly 2011:3). The two most popular theories of decision-making namely the analytical theory and the intuitive theory have been part of the decision-making discourse since the beginning of civilisation (Taylor 2012:548). The debate on social work reasoning skills has produced two sets of debates. The two theories are seen as dichotomous, competing modes of thought with one school the analytical theorists (scientific), setting out the

prescriptions for good reasoning drawing on formal logic, probability and decision theory. The opposing school (humanistic, discretionary or intuitive) studies how people actually reason and set out the descriptions of successful reasoning styles. Others view the two human reasoning theories as a continuum with the purely formal, analytical methods at the one end and blind intuition at the other. The two approaches produce contrasting images of human thinking (Hackett & Taylor 2014:3; Taylor 2012:548; Hammond 1996:3). Munro (2008:1) argues that trained professionals cannot be replaced with bureaucrats with a set of forms but professionals can be trained to develop their intuitive reasoning skills, understand their limitations and use more analytic skills to test and augment them. Research shows that a helping relationship is characterised by mutual respect, acceptance, trust, warmth, liking, understanding and empathy. It is difficult to state with absolute accuracy the types of decision-making theories social workers will use in any one context or the extent to which one theory overshadows the other or when both theories are used in a mixed manner giving rise to the mixed theory. The three broad forms of decision-making namely intuitive, analytical or deliberate decision-making, and the mix of the both albeit in varying degrees are discussed in the following paragraphs (Hackett & Taylor 2014:3; O'Sullivan 2011:227). The researcher will start with the discussion of the intuitive theory of decision-making in the next paragraph.

2.2.1. Intuitive Theory of Decision-making

Intuitive judgements are rapid, automatic and generally unconscious responses to events based on a wide range of prior knowledge and experience gained over a lifetime (Tupper et al 2017:41; Hackett & Taylor 2014:3). There are two different classes of intuitive judgements, those that are developed and applied by experts as a consequence of years of experience and professional training and those that the general population exercise as a gut feeling. Gut feelings can also come from experience, training, knowledge and individual information. Although gut feelings can be useful, it is not enough and should not be trusted without corroborating evidence (Collins & Daly 2011:31). Intuition has been variously defined as unconscious

intelligence and the absence of analysis (Hammond 1996:60); the non-conscious processing of data (Hamm 1998:81) or making judgements and decisions without conscious deliberation (O'Sullivan 2011:90). Intuition is based on "rules of thumb" and with the evolved capacity of humans for intuition, it is an economical and effective way of making decisions (Gigerenzer 2007:38). The counter arguments for intuitive decision-making is that its reasons are not readily available and cannot be subjected to scrutiny. The very nature of intuition means that it is susceptible to mistakes, bias and distortion and requires the safeguards of high levels of reflexivity (O'Sullivan 2011:90).

A study by Kirkman & Melrose (2014:13) amongst the local authorities in the United Kingdom (UK) found that social workers routinely made highly complex and challenging decisions. They found a range of behavioural factors that complicated or reduced the efficiency of social workers decision-making. Firstly, time and workload pressures increased the reliance by social workers upon intuition to make decisions. Secondly, a range of behavioural biases affected social workers' ability to make objective judgements such as the availability of heuristics, confirmation bias, decision avoidance and judging cases on their relative rather than their objective merits. Thirdly, the complexity of social workers' decision-making increased further by the fact that many sequential decisions have to be made through the course of a single day which engenders decision depletion or decision fatigue. Lastly, the information provided to social workers was scant and of low quality resulting in them having to spend a lot of time and energy putting together a full picture of all the relevant information, leaving less time for analysis.

The development of skilled intuition may be hindered by the working environment. This is when social workers do not receive regular feedback on their decisions, and if they do receive feedback, the quality of the decisions is poor. The lack of reflection and feedback makes it difficult for social workers to develop accurate skilled intuition (Kirkman & Melrose 2014:9). Various elements were identified for developing expert and skilled intuition; namely gathering experience and building up case banks to build knowledge of the cues relating to various types of outcomes so that these can be recognised automatically in new cases; practice which requires engaging with the

information and other professionals; setting specific goals and criteria for evaluation; providing feedback and obtaining accurate, timely feedback about the outcomes of referral decisions and finally reflection which includes reviewing prior decisions to gain insights and learn lessons from mistakes (Kirkman & Melrose 2014:13;O' Sullivan 2011: 63; Collins & Daly 2011: 17; Klein 2005:10).

The development from a novice to an expert requires the right work culture as well as the right working environment (Kirkman & Melrose 2014: 20). A defensive culture will reward following procedures more than making competent decisions (Kirkman & Melrose 2014:20). The culture of growth and learning can be limited by the mind sets of people in the workplace. Workplaces that adopt the view that people's talents and abilities are fixed and unchanging tend to undervalue the benefits of continued professional development and create environments that are not conducive to growth and learning. In the absence of the conditions required for skilled intuition, rapid judgments can be made intuitively through the use of heuristics, mental shortcuts or rules of thumb (Beckett 2006:43). In some situations, all that is required for decision-making is common sense and knowledge of available services and then there are situations where common sense is just not enough (Beckett 2006:44). However the more of an expert an individual becomes in their field, the more likely they are to rely on experiential cognition drawing on intuition rather than on analytical cognition of quantifying risk factors and determining the probability of the outcome before making a decision (Hackett & Taylor 2014:4).

Lipsky (2010:3) coined the term "street level bureaucrats" which he defines as "public service workers who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work". He presents an approach for understanding the role, interactions and decisions of public service workers, which include social workers, in policy implementation. The attitudes and behaviours of street level bureaucrats are informed by the lack of resources, threats and challenges by authority. Frontline workers perform their jobs in response to ambiguous and contradictory expectations with respect to their roles and responsibilities and they employ a number of defences for poor service delivery. He highlights the difficulty of implementing public policy when the situation and capacity constraints of frontline

workers had not been considered in policy implementation. Social workers rendering foster care are frontline workers experiencing resource challenges, large expanding caseloads with complex needs, high staff turnover and ambiguous legislation and policies. The lack of supervision gives them extraordinary discretion to make decisions and allocate their resources as they determine (Tupper et al 2017: 36; Dhludhlu & Lombard 2017:173; Boning & Ferreira 2013: 5; Ngwenya & Botha 2012: 212-213).

To process a large number of clients, Lipsky (2010:5) states that street level bureaucrats develop routines and simplifications to manage their services and control their clients. They use stereotyping, screening and rubber stamping to manage access. The role expectations that are ambiguous, contradictory and unrealistic place additional difficulties on the social worker as a frontline worker. As professionals, social workers have to incorporate different perspectives to the care and support of the child, namely the child's perspective, foster parents' perspective, the parent's perspective and the case worker's own perspective and this can place serious constraints on the time and resources of the social workers (Chipungu & Bent-Goodley 2004:75). Frontline workers can redefine their job expectations to reflect their own expectations of their role. One implication for role redefinition can be disclaiming responsibility for the lack of results in their jobs or altering their role expectations to change the expectations of clients (Lipsky 2010:8). Intuitive cognition by virtue of its simplicity can be flawed and prone to biases and errors (Kirkman & Melrose 2014:13). These biases are discussed in the following paragraph.

2.2.1.1. Biases in Intuitive Judgements

The use of intuition can lead to a number of errors in judgement. The social workers' recall of events are influenced by their ability to recall the events after a time lapse and such recollections are often biased which leads to inaccurate decisions (Kirkman & Melrose 2014:23). Several factors were identified that can impact upon intuitive decision-making (Berrick et al 2015:3; Kirkman & Melrose 2014: 24; O'Sullivan 2011:117).

The first factor is confirmation bias. Social workers and people in general have the ability to maintain their intuitive bias even in light of evidence that challenges them. They become attached to their judgements and employ strategies to ensure that new challenging evidence is not recognised or gathered (Baron 2000:5). Social workers may avoid gathering information from sources that may provide evidence against their beliefs. They may only remember details that reflect their intuitive feelings about the case and reject evidence against their beliefs. They place a lot of confidence on first impressions and pay more attention to information or evidence that supports their first impression (Berrick et al 2015:3; Kirkman & Melrose 2014:24; O'Sullivan 2011:117; Munro 2008:22).

The second factor refers to groupthink, which occurs when a group's desire is to avoid conflict and achieve unanimity, and steers the decision-making process accordingly and subsequently results in bad decisions being made. Loyalty to the group often leads to ideas not being critically evaluated and alternative solutions not being raised. When unanimity is achieved, extreme decisions tend to be made and not moderate ones (Kirkman & Melrose 2014:24). Relative judgement of cases is identified as the third factor. Social workers may judge new cases by comparing them to others because cognitively this is easier than judging them in isolation. In their study, Kirkman & Melrose (2014:25) found that if a bad case came early in the morning, social workers were likely to use it as a reference point for other cases throughout the day. When moderate cases were presented amongst either mild or severe cases, clinicians judged the moderate cases to be more severe when they were amongst milder cases than when they were amongst severe cases. This can result in errors in judgement when decisions are based solely on memory recall.

The fourth factor, decision avoidance, is when social workers avoid making hard and emotionally challenging decisions and may avoid doing so when there are multiple options to choose from. Complex decision-making involves considerable mental effort which humans seek to minimise, hence choosing the default option, maintaining the status quo, taking no action, delaying or deferring decisions are all ways in which mental effort can be conserved as they are quick and easy options to choose. Decision avoidance can also be seen as a coping mechanism, where a non-decision

is attributed to environmental factors (Berrick et al 2015:3; Kirkman & Melrose 2014:26; O'Sullivan 2011:117).

Affect or emotion represent the fifth factor – the information that social workers have to process is often highly emotive and their affective responses to the situation may bias their decision-making. Emotions can control and change the outcome of decisions. Under pressure people have been known to rely on their emotional responses to make decisions (Berrick et al 2015:3; Kirkman & Melrose 2014:24; O'Sullivan 2011:93; Beresford & Sloper 2008:26). The sixth factor identified, is jargon as a mental shortcut. All professions develop a particular vernacular as a useful way of short handling complex concepts within an expert group (Kirkman & Melrose 2014:26). The seventh factor is decision depletion or decision fatigue. Mental exhaustion and depletion results in decision-making being simplified by choosing the default option or maintaining the status quo (Tupper et al 2017:41; Kirkman & Melrose 2014:26; O' Sullivan 2011: 99) while the last factor represents decision deference and reluctance to question authority. In a non-collaborative working environment there is the risk that social workers may defer decision-making to superiors who they believe have better knowledge or more experience than they do. Team members often assume that team leaders or people of a higher grade or rank possess superior knowledge and readily defer decision-making and decision relevant responsibilities to them. There is a universal awareness of the potential for conflict between the personal and professional values and the need to be aware of this. New social workers tend to adopt their supervisor's values (Kirkman & Melrose 2014:26; O' Sullivan 2011:154). In the following paragraph analytical theory of decision-making is discussed.

2.2.2 Analytical Theory of Decision-Making

The analytical theory of decision-making focus on mathematical modelling of understanding how a rational person ought to make clinical decisions (Taylor 2012:548; O' Sullivan 2011:154). It is defined “as a step by step, conscious, logical defensible process based on evidence” (Hammond 1996:60). Not all authors agree on what this evidence consists of. According to Collins and Daly (2011:8) evidence-

based social work practice is increasingly influenced by three elements, namely research, the views of clients and practice wisdom. Practice wisdom is described as information or knowledge gathered from different multiple sources pertaining to a specific case. This includes prior case histories, notes of social workers' own observations, reports of other professionals, the clients' views, previous experience and knowledge of the social worker (Collins & Daly 2011:8). According to a study by Collins and Daly (2011:9) the concept of research as evidence was more apparent amongst recently qualified social workers than amongst the more experienced ones. Previous experience was seen as important evidence that informed decisions, especially skills that proved to be effective for other people over the years. Whilst the views of clients are important and their consent for intervention is paramount, decisions can be in the person's best interest against their expressed wishes (Collins & Daly 2011:10). Gray, Plath and Webb (2009:2) state that evidence-based practice is a complex process. It involves the establishment of regulatory orientations, formal networks, organisational systems, standardised practice cultures, best practice guidelines, knowledge reviews and models of implementation based on accumulated evidence over time. The reliable grounds on which to base practice, are those which are derived from empirical or scientific evidence-based actuarial formulas (Gray et al 2009:3). Those that oppose the scientific view of evidence argue that there are many sources and forms of evidence relating to realistic, non-scientific factors such as practitioner experience, expertise and judgement, available resources and the way in which they are distributed, prevailing values, ideologies, habits and traditions of the society (Gray et al 2009:5). In social work evidence-based practice is seen as a practice framework which rests on the belief that better outcomes for clients result from direct practice, policy, management and administration based on empirical knowledge rather than amongst other things, tradition, professional authority, practice wisdom or common sense. Evidence-based practice is also presented in social work as a guide to decision-making. It is a process of using research findings to aid clinical decision-making (O'Sullivan 2011:98). Gray et al (2009:10) state that there is a difference between practice information, frontline experience, ideas about what works, practice knowledge, practice theory and research generated evidence as

determined from replicable systematic reviews of accumulated research over time. Evidence-based social work is presented as a process where evidence is used to inform decision-making where the onus is on the individual practitioner to locate the best available evidence (O' Sullivan 2011:109; Gray et al 2009:148). For social work the effective implementation of evidence-based practice is increasingly regarded as a component that is as important as the intervention itself, to measure the impact of the intervention. The objective of implementing evidence-based practice in social work is to create reliable, satisfactory outcomes for service users through interventions based on valid research findings. There are considerable barriers to implementing evidence-based social work ranging from negative practitioner attitudes, to administrative steering failures, to the lack of practice-relevant evidence-based models (Gray et al 2009:148). Four factors were identified by Gray et al (2009:147) that prevent and facilitate knowledge translation of research evidence by social workers namely, the knowledge transfer systems for evidence; the level, nature and systematicity of the evidence, the context or environment into which the research is to be disseminated as well as the method or way in which the process is facilitated.

Another factor that was found to influence decisions is legislation and organisational procedures. Decision-making is highly influenced by legislation and procedures which give social workers a backup for their decisions and a framework to work within (Collins & Daly 2011:34). There are legislation, procedures and guidance that indicate the way you should perform, but there is still the individual judgment as a social worker that you have to use to make decisions (Collins & Daly 2011:34). Most major decisions about foster care placements must be taken to court or to children's hearings and the recommendations must be supported by evidence (Luitgaarden 2009:344). Luitgaarden (2009:345) argues that decisions in foster care placements must be legally sound even if clinical judgements may have provided a better solution. In the UK there is a Code of Practice and National Standards for foster care services. These two documents set out to establish what is expected from everyone involved in foster care. In addition to these two documents, the UK also has a foster care governance framework to safeguard foster children and ensure that service standards are met (Mehemet 2005:3).

The decisions of other professionals are often not challenged by social workers (Kirkman & Melrose 2014:24; Collins & Daly 2011:14). Most social workers find it difficult to articulate the decision-making process and seem to have limited explicit awareness of how they arrived at decisions or judgements when questioned on the spot (Tupper et al 2017:91; Collins & Daly 2011:15). However conceptualising themselves as reflective persons seemed to improve their ability to describe their decision-making (Tupper et al 2017:91; Collins & Daly 2011:16; O' Sullivan 2011:11). In the following paragraph the biases in analytical decision-making is discussed.

2.2.2.1. Biases in Analytical Judgements

Confirmation bias which is a factor in intuitive decision-making also persists in analytical decision-making where the initial judgements are maintained by reframing, minimising or dismissing discordant new evidence. To counteract confirmation bias, decision-makers need to be reflexive about the way the decision situation is framed and should not only seek to continuously question their assumptions, but also actively seek information that sheds doubt on the assumptions. Research should be used to confirm bias (Tupper et al 2017:91; Kirkman & Melrose 2014:24; Collins & Daly 2011:15; O'Sullivan 2011:90). Analytical tools in decision-making may be misused. English and Pecora (1994:453) state that most experienced social workers only use analytic tools to check decisions that have already been made rather than to help make them, and inexperienced social workers are likely to overuse analytical tools and follow guidelines and procedures thoroughly, as they lack the professional experience. In situations where a decision has been based on intuition, it is important that a person consciously check and review the judgement, using objective evidence where possible to detect errors, even if they are confident about the accuracy of their decision (Tupper et al 2017:90; Moore, McDonald, & Cronbaugh-Auld 2016: 121; Munro 2008:24). In social work many tools can make decisions explicit, informed and systematic and these include safety and risk assessment frameworks, decision trees, matrixes, checklists, evidence from research, safety, risk assessment and placement tools (Spies, Delport & Le Roux 2017 122). Frameworks, decision trees and matrixes

can be used to help decide the best course of action to take, one that has the most desirable and the least undesirable outcome (Touhey 2007:20). Evidence requires judgments about its applicability in the social worker's own context. It is also unrealistic to develop universal enduring theories about subjects whose meaning is ambiguous and changing. A social problem like abuse is the result of the interaction between a number of factors like relationships, socio-economic status, individual values and psychology and to develop an analytical tool that encompasses all the factors and is fully comprehensive is virtually impossible however, tools can be designed to minimise variability in decisions as much as possible (Keddell 2014:924; Munro 2008:25). In the next paragraph the mixed theory of decision-making is discussed.

2.2.3. Mixed Theory of Decision-Making

In the mixed theory of decision-making, intuition and analytical decision-making are used in a complimentary and interdependent manner. Both the analytical and intuitive styles of reasoning have a part to play in social work decisions. Professional intuition plays an important part within decision analysis in making judgements about decision outcomes (Hackett & Taylor 2014:3; Helm 2011:10; O'Sullivan 2011:91; Taylor 2007:258). When experienced social workers have to make decisions very quickly, intuitive decision-making is likely to be the best approach. In the case of new social workers with not enough experience, analytical decision-making should be their approach because of the lack of experience to support intuitive decision-making. When there is no time for analysis in decision-making, then new social workers can be guided by their more experienced supervisors or colleagues in making intuitive decisions (Tupper et al 2017:90; Moore et al 2016:121; O'Sullivan 2011:91; Munro 2008:24). When making decisions with clients or other professionals some degree of analysis is necessary to be explicit about the choices made (O'Sullivan 2011:92). Experience is critical to enable the effective use of analysis. Experience also allows for the appropriate blending of analysis and intuition (Helm 2011:15). It is training, observational skills, value base, ethics, beliefs and analytical skills that influence

decision-making (Tupper et al 2017:96; Collins & Daly 2011:17). The integration of the various types of knowledge to make a holistic judgement is part of decision-making. There is criticism of the social work profession that information is presented in a narrative rather than a critical analysis of what the implications of decisions are. It is critically important to analyse the information in making decisions to give a clear understanding of the circumstances and why the social worker came to that decision (Collins & Daly 2011:19). Thus social workers need to be critically aware of the factors and the context that influence their decision-making. These factors could include expectations, requirements, structures and conditions that surround decision-making and their context can be professional, societal, legal, policy, organisational and the inter-professional (O'Sullivan 2011:18). Social workers may not always be consciously aware of the possible positive and negative impacts these factors may have on decision-making and how they present opportunities and constraints (O'Sullivan 2011:92). The following contexts have been identified as having an impact on decision-making processes namely:

- *Professional context:* This refers to the training and the education of the social worker. The social worker is guided by a code of conduct and professional ethics. The professional aim of social work is to promote human well-being, social justice and the prevention of human suffering. The factors that influence these aims are the personal and the professional values of the social worker often guided by the professional code of ethics. The usefulness of the code of ethics depends on how social workers implement them (O' Sullivan 2011:21; Banks 2006:100).
- *Societal context:* Social workers must be critically aware of the nature of the society in which they work, however at the same time familiarity can make decision-making very difficult. Two dimensions of a society that are important in decision-making are the social structure and the cultural climate. The structure of the society relates to the extent of poverty and inequality that impacts on all aspects of an individual's life. The culture relates to the values, beliefs and practices dominant in that society. Mass media also plays an

important role in developing concerns in a society and can produce a hostile climate in which to make decisions (O'Sullivan 2011:23).

- *Legal context:* The statutory framework of child protection provides compulsory interventions for children, parents and families (O'Sullivan 2011:27). Social workers need good knowledge and understanding of all relevant statutes and regulations and have access to legal advice if they are to be fully aware of the legal requirements and how to use the law positively (Brammer 2007:318). There are several views about the role of law and the Children's Act in child protection and foster care, in particular. One view is that the law is the sole basis for decision-making, another view is that the law is the antithesis of social work and yet another is that the law compliments and supports social work interventions (O'Sullivan 2011:27). The social work functions within a social service organisation, are governed by a legal framework, the law guides decision-making but does not determine it. It is not unusual to be confronted with a contradiction between the law and social work values. In 2010 a social worker recommended that a child be found in need and care because he was abandoned and orphaned without visible means of support and be placed with his grandmother (South Africa 2006:section 155(1)). However, the court found that because the grandmother was in receipt of an old age pension and a relative of the child, there was no lack of visible means of support. This decision was taken on appeal to the Gauteng South High Court and it was subsequently set aside in terms 27(1) and 28(2) of the Constitution and that the relative had no obligation to support the child (Department of Justice: Appeal Case No. A 3056/11). Whilst the law is an important basis for social work, it does not define the full extent of social work decisions, it does not provide clear directions but rather set boundaries and thus, allows for practitioner discretion. The law is also open to interpretation and it does not guide social workers on when to act (Brammer 2007:12). The "law is at one end a defining mandate and at the same time an insufficient mandate to reflect the complexity of both practice and of people using the service" (Brayne & Broadbent 2002:64).

- Policy context:* The term policy denotes the existence of a set of decisions about the objectives and actions to be taken in response to a particular problem, issue, desire or need. Government departments often supplement legislation with practice guidelines, circulars and codes of practice which serve to supplement professional practice (Taylor 2007:75-76). Sometimes this guidance can also serve to protect social workers from criticism and scrutiny by following government prescripts (Payne 2000:21). Policy guides decision-making with the aim of reducing discretion and professional judgement thus ensuring consistency, uniformity and achievement of the aims of the intervention. Policies can be broad and rarely provide guidance on all aspects of social work when decision-making is specific to a situation. Most often the people who develop the policy are not the ones that implement them and this can give rise to interpretation issues (O'Sullivan 2011:28; Lipsky 2010:82). Whilst there may be government policies, there is also scope for organisational policies. Organisations whilst complying with the governmental legislative and policy frameworks are more inclined to reflect detailed procedures, processes and protocols. Organisational policies tend to govern resource availability and resource utilisation in the form of rationing services, defining eligibility, and gatekeeping to balance demand with supply (O'Sullivan 2011:123; Lipsky 2010:13).
- Organisational context:* The way social services or organisations are structured, staffed, organised and managed is important for decision-making within the organisation. Social workers working in social service organisations are not merely functionaries of the organisation but members of a profession employed by the organisation, who as frontline workers, enjoy a lot of discretion (Lipsky 2010:16). The support social workers receive from their organisations will influence their decision-making processes. To be effective social workers working in either the governmental or non-profit welfare organisations must understand how their organisation works, their own role and that of their colleagues (Seden 2008:170). Organisational structure has relevance in terms of social workers' fit within the organisation. When social workers are situated

as front-line workers and as “street level bureaucrats”, a considerable amount of discretion prevails (Lipsky 2010:192). However, there are claims that a new public service management with the growth of managerialism has led to the curtailment of professional discretion of the “street level bureaucrat” with managerialism being defined as the following procedures, meeting targets set by managers, monitoring and evaluation interventions (Dustin 2006:303). Others argue that rules and regulations may paradoxically create more discretion and that discretion is neither good nor bad and depends on how the discretionary powers are used (O’Sullivan 2011:126). Organisational culture and climate also influence decision-making processes. The former shapes the immediate context of the work and the latter shapes the environment in which frontline workers work. For social workers to be effective welfare organisations need to be well managed and well organised (O’Sullivan 2011:33).

- *Inter-professional context* is the way different professionals work together within and outside the organisation in determining the best outcome for the client. The structure of service organisations, policies, procedures and governance codes will determine if multi-disciplinary professionals work together in an integrated and seamless manner with each other (O’Sullivan 2011:34). Decisions made relating to foster care are influenced by a variety of sources that are multi-disciplinary and multi-professional and include practice wisdom, individual retrospective accounts from experiential learning of similar cases, research, results from analytical tools, rhetoric about what ought to happen, professional knowledge and expertise (Goodyer 2011:49). There are many perspectives on the role of practice wisdom in decision-making. Practice wisdom is an intellectual capacity that enables social workers to integrate different types of knowledge, thinking, emotions and actions to facilitate sound judgement (O’Sullivan 2011:227). It is an integrative vehicle for combining strengths and minimising the limitations of both the objective and subjective data in the development of knowledge in social work (Klein & Bloom 2005:802). Practice wisdom is defined as “the accumulation of information, assumptions, ideologies and judgement that have been particularly useful in fulfilling the

expectations of the job” (Barker 1998:370). It is hard to pin down but it plays a significant role in the decisions social workers make and how they make them. It enables a social worker to determine whether analytical, intuitive or the mixed theory in reasoning is more appropriate in making decisions. Practice wisdom allows social workers to make sense of multiple sources of evidence to make decisions (Collins & Daly 2011:36). The model of professional wisdom is defined as a decision-making process where social workers use a combination of intuition and analysis, using multiple sources of knowledge, whilst competently managing their emotions (O’Sullivan 2011:82). O’Sullivan (2011:82) makes a distinction between “tacit” knowledge and “consciously held knowledge” where “tacit” knowledge is knowledge gained through experience but also includes knowledge gained through education, reading and research that over time becomes a non-conscious body of knowledge and forms the basis of intuition. Not all tacit knowledge is valid knowledge and can also form the basis of errors and mistakes. Conscious knowledge is explicit knowledge, such as a theory, education, training, research, legislation and findings. In making and supporting decisions social workers draw knowledge from a number of categories of factors and O’Sullivan (2011:85) identifies four such categories:

- *Experiential knowledge* is knowledge gained directly from practice and life experiences. These sources of knowledge had been previously greatly undervalued but are gaining more and more prominence in recent times (Pawson, Boaz, Grayson, Long & Barnes 2003: 59).
- *Research based knowledge* is planned, systematically collected data and research findings that support evidence-based practice (Payne 2005:56). It can also be viewed as valid knowledge (Pawson et al 2003:62).
- *Theoretical knowledge* is regarded as interconnected concepts that help explain the relationship between processes (O’Sullivan 2011:86).

- *Administrative knowledge* is knowledge produced by the state, local authorities and the organisations in the form of policies, legislation, protocols and guidelines (O'Sullivan 2011:86).

The way social workers use knowledge in both analytical and intuitive decision-making, results in skilful behaviour (Hammond 1996:60). Luitgaarden (2009:350) argues that when faced with quick decision-making and the types of tasks social workers generally perform, they are more likely to use intuitive decisions than analytical decision-making strategies. Sheppard (2006:210) argues that social workers need to apply practical reasoning in their work that requires analytical ability. Irrespective of the perspective, two valuable processes of decision-making are available to social workers. As one process, the decision is broken down into elements which are carefully considered in relation to each other, with framing the information and the choice of option taking place implicitly. As another process, an analytical decision encourages openness about the reasoning and scrutiny of the processes. It can assist in making probability statements on courses of action that can result in the best outcomes. The counter arguments for analysis are that it can be time consuming, and whether the results justify the time invested. The complexity of the cases can result in analysis paralysing the decision-making process. Evidence can be incomplete, contradictory and unreliable. Even if the evidence is incomplete, the assessments have to be done (O'Sullivan 2011:91). Then heavier reliance is placed on intuition and the social worker's assessment skills. There are situations where there are time limits on the collection and assessment of evidence that could reduce the confidence social workers have in their decisions and judgements. In cases of uncertainty there is a tendency to involve more people in the decision-making, resulting in a continued push towards analytical decision-making (Collins & Daly 2011:25). The cognitive continuum developed by Hammond (1996:110) is used to reframe views on the role of intuition and analysis in social work. The continuum emphasises the importance of the capacity of individuals to match the right reasoning to the case at hand as there is no one-size fits-all solution. Within this framework analytical decision-making is seen as appropriate when the case is complex and

information is vast, and intuition as appropriate when time is limited and information is scarce and conflicting.

In a study of fire fighters' decision-making processes, Klein (2005:13) found that results closely resembled studies by Dreyfus and Dreyfus (cited in Klein 2000:13) on how doctors' reasoning changed as they became more skilful at making diagnoses. It was found that novice doctors used checklists or a formal assessment model and worked systematically through collecting a large body of data before attempting to conjecture a diagnosis. As doctors became experts, they were found to rely more on intuitive appraisals made very early in their contact with the patient. Fire fighters also classified fires as a certain type, a prediction of the way it would behave in the future and how it should react to attempts to extinguish it. Fire fighters were able to test their intuitive judgements to see if the fire behaved as expected. Similarly, doctors recognised patterns of signs and symptoms that led to a particular diagnosis. Their intuitive judgements were not accepted blindly but led to testable expectations of other signs and how the patient would progress. In the following paragraph the biases in mixed decision-making are discussed.

2.2.3.1. Biases in Mixed Judgements

Munro (2009:2) looks at the errors in decision-making in terms of the options social workers choose to exercise when faced with difficulties in decision-making:

- *The reluctant decision-maker.* Some people choose the easier option of avoiding making a decision when the process is emotionally and intellectually challenging. When there is no external pressure to make a decision, social workers can allow a case to continue with no clear plans, with the vague hope that things would improve. This can leave children with no security and permanency planning and their long-term outcomes are poor. To counteract the lack of decisions, the United States of America (USA) introduced legislation with time frames on interventions, and the UK manages time frames for decisions through audits (Munro 2009:3).

- *Tunnel vision*: Another error in decision-making is to consider only a narrow range of options or factors. Often social workers may be overwhelmed and do not have the time to consider all the factors and weigh the different options. Decision theory conceptualises a decision as choosing amongst a number of options. The decision-maker must list options to counteract the tendency to have tunnel vision (Munro 2009:7).
- *Short-sightedness*: Short sightedness occurs when social workers think only about the immediate future without consideration of the longer term (Fischhoff 1996:232). Examining a longer-term impact, requires social workers to think about possible consequences. Contingency plans are a major causality of short sightedness. No plans are put in place for what might go wrong (Fischhoff 1996:232).
- *Post-hoc and satisficing decision-making*: Post-hoc reasoning involves making a decision and then looking for reasons to justify it retrospectively (Klein 2005:11). This occurs when a decision is made relying on intuition and later looking for an analytic approach when prompted to do so. "Satisficing" is a concept created by Simon (cited in Munro 2009: 5) when describing decision-makers wanting to make a good decision above a certain level but not the best decisions. The best decision-makers are called "decision-optimisers". Simon (cited in Munro 2009:6) argues that good decisions are sensible because they are economical in time and resources. In the case of foster care placements, an optimiser will consider all the families available whereas a satisficer would have some criteria and select a family that matches the criteria (Munro 2009:6). The decision-maker must think through the consequences of each option and speculate further into the future to counteract the tendency to be short sighted, and the probability of each consequence must be worked out (Klein 2005:12). Decision-making is influenced by context which has been discussed in the aforementioned paragraphs and factors which are discussed in the following paragraphs.

2.3. ETHICAL APPROACHES TO DECISION-MAKING

Reference was already made in the previous sections to the role ethics play in decision-making. Within each theoretical theory of decision-making, social workers are also presented with ethical options. Social workers are encouraged to use ethical decision-making approaches that promote critical thinking and reflection. Decision-making must be guided by the ethics of the profession. Ethics is the formal process of intentionally and critically analysing, with clarity and consistency the basis for one's decisions (Glover 2017:52). In the following paragraphs three ethical approaches to decision-making by social workers are discussed namely virtue ethics which is concerned with the moral character of the decision-maker; secondly deontological ethics which is concerned with choosing the course of action that is morally right, and thirdly, consequential ethics concerned with choosing the course of action that achieves the best chance of a good outcome (O'Sullivan 2011:127-131). The foregoing three approaches thus focus on the characteristics of the decision-maker, the actions they take and the impact of their actions. The ethics of personal service places the human being at the centre of attention with the primary aim of promoting his or her welfare and best interests (Clark 2000:443).

In virtue ethics, it is not the quality of the decision that takes the foreground but the qualities of the individual decision-maker, namely the nature of their character and the quality of their relationships with others. The assumption is made that virtuous individuals take the right action or make good decisions. Social work recognises certain broad virtues that the professional should possess, namely compassion, altruism, truthfulness, generosity, honesty, moral courage, caring, warmth and humility (Munro 2009:8). A weakness of this ethic is identifying all the virtue qualities of a social worker, agreeing on what having these qualities means and how to apply them in a specific decision situation (O'Sullivan 2011:129).

Deontological ethics is the ethics of duty and focuses on the correctness of the action itself. It is the ethical duty of the social worker to do the right thing whatever the outcome might be. Deontological ethics is derived from principles and generalised rules that make little or no reference to consequences. The deontological principles

that influence decision-making are self-determination, acceptance, non-judgement and confidentiality (Munro 2009:6).

Consequential ethics are not as concerned with doing the right thing but rather with achieving the outcome with good consequences. Depending on the circumstances the consequences of the action or actions on both the primary client and others are considered. It is not always possible to predict what the consequences would be, especially in the immediate, and therefore consequential ethics necessitate an assessment of the possible outcomes (Reamer 1993:70).

In any particular decision each ethical approach may come into play. Social workers want to conduct themselves ethically and therefore their decisions will be influenced by principles such as self-determination, being non-judgement and disclosure. Social workers are concerned about the welfare of people and therefore would want to achieve good outcomes and are influenced by consequential ethics (O'Sullivan 2011:130). In child protection, consequential ethics may be more influential because the welfare of the child is of paramount importance and the consequences of the course of action for the child will be the important consideration. There are situations that would arise where the professional duties and obligations rooted in core values clash and this could give rise to ethical dilemmas (O'Sullivan 2011:130). Decision-making in foster care influences the well-being of children and their families and the way decisions are formed is as important as the decisions themselves. In the next paragraph the framing of decisions is discussed.

2.4. FRAMING OF DECISIONS AND DECISION-MAKING

MATRIXES

Framing is the process of constructing mental or verbal representations of situations. It is the construction, interpretation and the organisation of information (O'Sullivan 2011:132). The soundness of a decision is reflective of the full range of factors without biases and distortion. Practitioners use a frame of reference when framing decisions,

namely assessment frameworks, guidelines that facilitate the selection, organisation and interpretation of information (O'Sullivan 2011:132).

Decision frames do not only depend on the characteristics of situations but also on the characteristics of the decision-maker. Constructing a systematic perspective of a situation entails considering a whole range of factors on a number of interconnected levels of analysis including the personal, interpersonal, environmental and socio-cultural levels. The decision needs to reflect the social worker's distinctive perspective which stresses the multifaceted social situations, the significance of context, the client's perspectives and their social context, the past, present and future possibilities (Munro 2009:9). The process of identifying the critical key factors that frame a decision can be difficult as it entails examining information and weighting its significance. Hence framing decisions involves a series of conscious and unconscious micro-decisions about what information is selected and what meaning is attached to it. The key factors that are put together help build a coherent picture or story of a situation.

The social judgement theory makes a distinction between reality, independent of human consciousness, and the representation and descriptions of it. The factors can be fact and/or fiction. The strength of facts is the emphasis on empirical verifiable information that guards against inferences that are subjective (O'Sullivan 2011:130). The social construction perspective takes a critical approach to all knowledge including facts and argues that a mental picture is a social construct and a cultural story, thus a mental representation of reality. This social construct emphasises the power of those who are in positions to determine what is to be understood and what knowledge is counted as relevant (Howe 2008:126). Critical realism recognises the existence and importance of both the real world and the conceptual and does not accept an "either/or" approach but accepts both the approaches. This approach also recognises that identifying key factors and putting them together must not be a once-off process but one under continual review and development.

When building a frame, it is important that decision-makers be systematic and reflexive about how they are thinking about the situations facing them (Thompson 1996:79). Some of the elements in the framing process identified by (O'Sullivan

2011:130) are identifying key factors, determining the outcome of the process, determining the options of these outcomes, and finding ways of improving the chances of good outcomes. Ultimately there is no correct way of framing decisions but a comprehensive account of the factors is likely to contribute to a more complete and correct frame of the decision (O'Sullivan 2011:130).

Decision-making matrixes, also referred to as decision matrixes, can be used to frame decisions in a variety of situations to simplify complex situations and provide a clear way to think through complex decisions. It can help explain and defend the processes and the decisions made. It is also an activity used to analyse and prioritise information (Gay et al 2016:1). A decision-making matrix is a tool that unpacks the decision-making theory of a programme (Misyak & Chater 2014:4). It helps to not only simplify complex decisions, but also to prioritise activities, solve problems and build reasoning to defend a decision and the processes for the decision made (Misyak & Chater 2014:4). There are several decision-making theories that result in different types of decision matrixes such as log framework matrix (LFM), multiple criteria decision-making (MCDM) tools, matrix for ethical decision-making (EDM), structured decision-making matrixes (SDMM), evaluation matrix systems (EMS) and the decision matrix on pareto analysis, to name a few (Misyak & Chater 2014:4; Daron & Colenbrander 2012:1; Kates & Galbraith, 2010:3; Tuohey 2007:20). Research in organisations suggests that the matrix structure is an appropriate solution to respond to complexity and uncertainty of the external environment (Kates & Galbraith 2010:3). A decision matrix can help put all the information in one place so that you have a visual layout of your options, and processes of factors that influence the decisions (Enders & Barsoux 2020:3).

Decision-making is contextual and therefore a decision-making matrix must be adequate to the context in which it will be used. In this study a factor-based decision-making matrix is developed for foster care services. The factors define the context for the current decision-making theory in foster care (Enders & Barsoux 2020:4). Hence, the characteristics that can underline the factors in a service delivery matrix are professional wisdom, analytical tools and social justice. Professional wisdom in social work includes knowledge (professional, training, other professionals, supervision,

information and procedures) and experience. Analytical tools refer to decision-making based empirical tools for assessment and placement as well as evidence from research (Kirkman & Melrose 2017:19; O'Sullivan 2011:92). In this study a decision-making matrix is used to identify the type of decisions made in each phase of foster care services and the factors from the findings that influenced the decision-making processes. A decision-making matrix is always a work in progress which is reviewed and enhanced as changes in practice occur periodically. In the following paragraphs foster care in general and in particular, in practice in South Africa is discussed.

2.5. FOSTER CARE

Foster care in South Africa means the care of a child as described in terms of section 180(1) of the Children's Act 38 of 2005 and a child who has been placed in the care of a person who is not the parent or the guardian of the child as a result of a court order or as result of being transferred into the care of that person and, includes the placement of a child in foster care in a registered cluster foster care scheme (South Africa 2006: section 180(1)). The child may be placed in the care of a person who is a family member who is not the parent or the guardian of the child. Foster care excludes a child placed in TSC or a child placed in a child and youth care centre. Breen (2015:1) describes foster care as part of the state's statutory obligation towards the care and protection of children placed in foster care, in much the same way as it is obliged to provide for children in other forms of alternative care placement. Foster care is a mechanism intended to care for children who are wards of the state and not a mechanism for poverty alleviation (Breen 2015:1). Foster care is reported to be the better alternative care for children in need of care and protection besides their parental home (Boning & Ferreira 2013:519; Ross et al 2008:5-6).

In his ecological theory, Bronfenbrenner (1979:6) emphasises the multiple, interdependent ecologies or environmental systems in which children develop. The most important ecology for children is the microsystem which involves the direct relationships children have with caring adults. To ensure that children have stability and optimum developmental outcomes, it is important that social workers provide

them with supportive microsystems. Children in foster care must be provided with caregiving environments that are continuous, constant and nurturing. Hence, an understanding of general child development and the child's individual developmental needs is crucial to determining the type of caregiving children, and foster children in particular, need (Bronfenbrenner 1979:6).

Family stability is defined not as a specific family structure or condition but rather as a family environment in which caregiving practices provide children with the consistent nurturing care they need to thrive (DSD 2012:11). Other scholars have defined stability as limited movement from home to home. Children who experience family stability have caregivers who remain constant, consistent and connected to them over time, caregivers who are mentally healthy and engage in appropriate parenting practices, a cohesive supportive and flexible family system and a nurturing and stimulating home environment (Harden 2004:33). Family stability enhances child developmental outcomes with respect to health, academic and social emotional well-being.

Another element of positive developmental outcomes is attachment. Attachment is defined as the enduring emotional bond that exists between a child and a primary caregiver, who could be a related or an unrelated caregiver (Harden 2004:34). Studies show that there is a link between placement stability and the child's well-being (Berger, Bruch, Johanson, James & Rubin 2009:1859). The recruitment and selection of foster parents and families are critical to the success of foster care placements (Brown, Sebba & Luke 2014:7). A study by Burgund and Zegarac (2016:152) in Serbia found that children in foster care showed more resilience, more flexibility, had a more positive self-image, greater self-efficiency and a more realistic picture of the future. Children who had no contact or were in conflict with their biological families stated that they accepted their placements in foster care better than those that had constant contact. However, they concluded that the quality of the relationship between children and their biological parents, especially the mothers, influenced the child's successful adaption and orientation in foster care (Burgund & Zegarac 2016: 152). Foster parents have different perspectives on parent-child contact. Some consider contact not to be beneficial and others consider it beneficial to help children to adjust in foster care.

Contact between the separated child and the biological parents are the rights of both the child and the parents (Delgado, Pinto, Carvalho & Gilligan 2019: 98). However, Mnisi & Botha (2016:2) add that despite formal foster care having an entry and exit, the exits from foster care are not always amicable because of the breakdown in foster care for a number of reasons. The following paragraph looks at the historical overview of foster care in South Africa.

2.5.1. Historical Overview of the Foster Care

The International Convention on the Rights of the Child (UNICEF 1990:17-75) sets out the rights of the child to information, right to participate in decision-making, respect for his or her views, the right to literacy, education, family life, care and protection to name a few. Its plan of action, actions 18 and 22 articulate in greater detail the right of the child to family, the role of the family and the right of the child not to be separated from his/her family. However, action 22 states that children in difficult situations and who are at risk of harm must be given special attention, care and protection from their families and communities. The African Charter on the Rights and the Welfare of the Child (Organisation for African Unity 1990:1-15) supports the rights articulated in the International Convention with some elaboration on areas that are peculiar to the African child, such as protection against apartheid and discrimination, African unity, parental responsibilities and the responsibilities of the child.

Thomas and Mabusela (1991:121) give a historical context of the disadvantages of the African child, the challenges encountered by foster parents and children and the limited role of the social worker prior to 1994. Given the constraints of Section 40(b) of the Child Care Act 74 of 1983 (South Africa 1987: section 40) where a child could not be placed in the custody of any person whose race classification was not the same as that of the child, opportunities for foster care placements for black children were confined to the impoverished. According to Thomas and Mabusela (1991:123) the challenges that confronted social workers in rendering foster care during the apartheid era were the shortage of available foster parents, lack of support and resources for foster parents, children dropping out of school and the Foster Child Grant terminating.

The Foster Child Grant was not adequate to support both the foster family and the foster child. Children in need of care and protection were placed in kinship care with elderly grandparents or young siblings. Employed foster parents could not get time off to attend to court inquiries and to apply for the Foster Child Grant. There was a lack of protection for social workers visiting high risk areas and social workers unable to locate families in unfamiliar areas. Social workers viewed their role in foster services as responding to the very basic needs of the foster family (Rowe 2012: 12; Ross et al 2008:12; Thomas & Mabusela 1991:125).

The legislative framework in terms of Section 28 of the Constitution of the Republic of South Africa, (South Africa 1996: section 28) sets out the rights of the child to family, parental care or appropriate alternative care when removed from the family environment. A child's best interests is of paramount importance in every matter concerning the child (South Africa 1996: section 9).

The White Paper 1997, for Social Welfare in South Africa sets out the principles, recommendations, proposed policies and programmes for developmental social welfare in South Africa. It supports deinstitutionalisation and alternative forms of care, such as foster care for children. This approach is considered both cost effective for the state and placing children in the care of a family is considered to be beneficial for the development of the child. The policy's focus is on strengthening and preserving the family (Department of Social Welfare 1997: section 48). In 1994 there were 29 000 children in residential care facilities and 39 024 children placed in foster care in South Africa. The expenditure on foster care was R129 801 360 including Foster Child Grants (Ministry of Welfare 1997:59). At the end of August 2020 there were 370 335 children in foster care with 273 600 foster parents and the annual budget for the Foster Child Grant was R6 billion (South African Social Security Agency 2020:6).

The Children's Act No.38 of 2005 replaced the Child Care Act No.74 of 1983 (South Africa 1987:section10-16A). It transformed the child protection system in South Africa, recognising the rights of children and all social, economic and health challenges impacting on the well-being of children and families. It enforced children rights and the rights and responsibilities of foster parent/s. There was a shift in power relations within families. The

power relations between races, classes, genders, ages and all social relations became more egalitarian narrowing the room for discretion in decision-making (Patel 2015:29). The rights-based approach is founded on constitutional principles promoting social and economic justice and the equitable distribution of resources favouring the most disadvantaged (Patel 2015: 29).

In 2009 DSD developed a guideline for the effective management of foster care in South Africa to guide social workers on the uniform interpretation of the Children Act of 2005. It sets out the following phases in the rendering of foster care services which broadly constitutes the practice norm (DSD 2009:14)

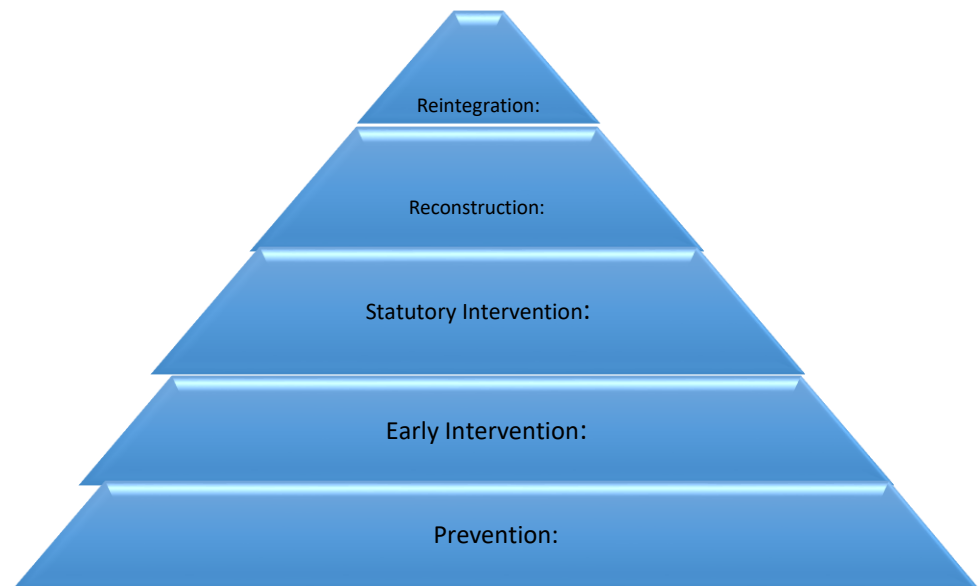


FIGURE 2.1: PHASES of FOSTER CARE SERVICES (DSD 2009:21).

In the preventive phase, the removal of the child or children from their biological home is avoided by supporting and strengthening the family and child by identifying the risks for intervention and mitigating against them. Early intervention is when a threat to a child or children is identified, the problem is defined and the child and family are treated within the natural setting. Statutory intervention is implemented when the child or children are unsafe in their natural environment with the biological family and have to be moved to a

safer environment or alternate family. To remove the child or children from the custody of a parent or guardian into state custody warrants the intervention of the courts and the Children's Act 38 of 2005 (South Africa 2006: section 150 & 155) stipulates the procedures the social worker must follow in order to do so. Reconstruction is the process that defines the services that must be provided to the child whilst in alternate care to treat and rehabilitate the child and biological family for the constructive reintegration of the child into the family.

The guideline sets out nine principles that must be followed in the intervention with the child or children in foster care which is depicted in the following figure:



FIGURE 2.2: PRINCIPLES of FOSTER CARE (DSD 2009:14)

Chapter One of the guideline highlights the need for inter-sectorial collaboration and the roles of the different government departments in rendering foster care services. Chapter Two describes the process of rendering foster care services and Chapter Three sets out the norms and standards for service delivery. The guideline directs the processes and procedures after decisions on the best interests of the child were made. Chapter Four sets

out the norms and standards in brief for foster care. Chapter Five on monitoring and evaluation of foster care covers what monitoring and evaluation are, how it should be conducted and by whom. Chapter Six is the conclusion (DSD 2009:77). The guideline does, however, not provide social workers with a decision-making tool to ensure transparent, uniform and analytical decisions within the foster care context in South Africa.

The White Paper on Families identifies the types of families and their roles in South Africa. It recognises non-residential care and defines a family in South Africa as “a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence” (DSD 2012:11). An institutional or a residential care facility is defined as “group living arrangements for more than 10 children, without parents or surrogate parents and in which care is provided by paid carers” (Brown 2014b:1). In terms of the policy on families, the foster family is expected to fulfil all of the functions of a family to a foster child, and the social worker must assess the capability of the foster family to do so, before consideration is given to the placement. The policy on non-residential care for children is also supported in the report on the Review of the White Paper for Social Welfare (DSD 2016:122).

In 2012 a comprehensive guide, called the Information Guide on the Management of Statutory Services (DSD 2012) was developed. It covered services at the different stages of statutory intervention, the roles and responsibilities of social workers and other role-players in rendering foster care services, service delivery at the different locations, social work administrative functions in statutory services, capacity in statutory functions, initiation of court proceedings, court processes, social work evidence and the monitoring of the movement of children in alternate care (DSD 2012:2-5). The next paragraph provides an overview of the situational analysis related to foster care in South Africa with an emphasis on the HIV/AIDS disease burden with high maternal mortality, unemployment and poverty as drivers.

2.5.2. Situational Analysis of Foster Care in South Africa

In terms of the 2020 mid-year population estimates, the population of South Africa was estimated at 59.62 million and the Gauteng population at 15.5 million or 26%. In

Gauteng the number of children in foster care was 46 713 or 0.9% of all children and persons under the age of 21 years in foster care in the Province. The demand for foster care from January 2019 to August 2020 grew by 3.3% nationally. In Gauteng the demand for foster care grew by 7.6%, twice the national average for the same period (SASSA 2020:5). A map on the distribution of location of foster children in Gauteng is attached (Addendum N).

The high demand for foster care is driven by social issues namely disease burden and the consequential high maternal mortality rates, as well as unemployment and poverty (Drah 2016:4-6; Rochat, Mokomane & Mitchell 2016:120; Boning & Ferreira 2013:520; Hearle & Ruwanpura 2009:427-428). In 2020 the estimated number of AIDS-related deaths had declined consistently since 2007 from 79 625 to 27 093. Access to anti-retroviral treatment has changed the pattern of mortality over time. For 2020, an estimated 13.0% of the total population was HIV positive. Over a fifth of South African women in their reproductive ages (15–49 years) are HIV positive. HIV prevalence among the youth aged 15–24 has remained stable over time. The total number of persons living with HIV in South Africa increased from an estimated 3.8 million in 2002 to 7.8 million by 2020 (StatsSA 2020:5-8). The demand for foster care is primarily due to maternal mortality and statistics show that female mortality exceeds males only for the age category 65 years and older (StatsSA 2002:3).

In 2020 South Africa, like the rest of world, was ravaged by the Covid-19 pandemic. By 18 December 2020 there were approximately 893 000 confirmed Covid-19 infection cases, and 24 011 confirmed Covid-19 related deaths reported in South Africa (StatsSA 2020:3). As the spread of the disease occurs over time, there will be a rise in the number of deaths in the population due to Covid-19. Government responded in three ways to the impact of Covid-19 relating to the sudden loss of income and food poverty. Firstly, by topping up the value of the social grants, secondly, by creating a Social Relief of Distress Covid-19 cash transfer of R350 for all persons that experienced destitution and hunger, and thirdly, by issuing food parcels. By the end of September 2020, a total of 9.1 million applications were received and 5 981 784 applications were approved and 3 788 215 individuals were paid. The budget allocated for the Covid-19 cash transfer was R15 billion, a further

R13 billion for social grant top ups and R400 million for food parcels was allocated (SASSA: 2020: 4).

The second demand driver for foster care is the high rates of poverty and unemployment, further intensified by the Covid-19 pandemic. A study by the World Bank in 2018 revealed that nearly half the South African population is chronically poor and earned less than R992 at the upper bound poverty line per person per month with 76% of the population in constant threat of falling into poverty (World Bank, DPME, StatsSA & NDP2030 2018:3-5). In 2019 the poverty measure for South Africa was R561, R810 and R 1227 for the food poverty, lower bound and upper bound poverty lines, respectively. The grant value for the Foster Child Grant in 2019 was R1000 and R1040 in 2020 per child per month. This amount took a foster child out of food and lower bound poverty but maintained them below the upper bound poverty line. However, the value of the Foster Child Grant was more than double the CSG of R420 and R440 for 2019 and 2020 respectively that kept a child below the food poverty line. The Children's Act 38 of 2005 (South Africa 2006: section 150) only makes provision for the child to be found in need of care and protection and placed in alternate care. The Social Assistance Act No.13 of 2004 makes provision for the Foster Child Grant (South Africa 2006: section 4).

The following table summarises the sections of the Children's Act No.38 of 2005 (South Africa 2006: sections 1,7,9,110,143,149,151,152,155,156,167,171,180&190) that are relevant for current practice in South Africa.

TABLE 2.1 : SECTIONS of the CHILDREN ACT NO.38 OF 2005 RELEVANT for FOSTER CARE SERVICES

SECTIONS OF THE SAID ACT	DESCRIPTION OF THE PROVISIONS
Section 7	Stipulates the standard that measures the best interest of the child.
Section 9	States that the best interest of the child is of paramount

	importance in all matters concerning the care, protection and well-being of the child.
Section 10	Recognises the importance that every child, if appropriate, must participate in all matters concerning his or her well-being.
Section 110	Sets out the procedures to report a child in need of care and the steps that must be taken to ensure the protection of the child.
Section 143 to 149	Describes the measures for the prevention and early protection of children in need of care, prescribes the development of national norms and standards to measure the impact of the prevention and early protection programmes.
Section 150	Prescribes the criteria for identifying a child in need of care.
Section 151 and 152	Prescribes the procedure for the removal of a child to TSC with and without a court order.
Section 155	Stipulates the court procedures to determine if a child is in need of care and protection.
Section 156	States the court orders that can be issued, if a child is in need of care and protection.
Section 167	Defines alternative care as “care out of parental custody” and states the types of alternative care.
Section 167(1)(a)	Lists foster care as alternative care.
Section 171	Makes provision for children in foster care to be transferred to another alternate care or to the parent/s or the guardian of the child.

Section 176	Stipulates that a child of 18 years and older can continue in foster care and a Foster Child Grant can be paid for the child until 21 years.
Section 180 and 190	These sections of the said Children's Act cover foster care, setting out the purpose, criteria for the assessment of the foster parents, duration of the placement, the rights and the responsibilities of the foster parent/s and the foster child.

(South Africa 2006: sections 1,7,9,110,143,149,151,152,155,156,167,171,180,190).

In 2017 amendments were made to the Children's Act 38 of 2005 in respect of section 171 and 176 that had a direct impact on foster care. In terms of section 171 one of the significant amendments amongst others, is that the provincial head of Social Development could transfer a child from one form of alternate care to another or to the parents or guardian of the child and must specify the requirements in a written notice for the child, parents, guardians or current alternative caregiver to comply with. In terms of section 176, previously the child had to make an application for the extension of the foster care placement beyond 18 years, the amendment now includes a person acting on behalf of the child. The scope of education and training was expanded to higher education, college education, internship or learnership. Provision was also made for applicants to submit an application for the extension of foster care over the age of 18 years three months after they turned 18 years (South Africa 2017: sections 171 & 176).

On 15 October 2020 the Social Assistance Amendment Bill was passed by Parliament empowering the Minister, with the concurrence of the Minister of Finance, to prescribe an additional payment linked to a social grant. The Minister is further empowered, in prescribing an additional payment, to differentiate on the basis of need between beneficiaries of social grants. The Bill has not as yet been printed into an Act (South Africa 2020: section 12). The Department intends to use this to provide an additional amount for CSG recipients who are orphaned and live with family in anticipation of

diverting them from the foster care system. The proposed amendments to the Social Assistance Regulations intends to amend Regulation 6 to include, “The Agency must, after awarding a CSG to a family member taking care of an orphan child, refer the details of the beneficiary and the child, to the head of the Provincial DSD to enable the Department to assess whether

- (1) the child or family is in need of prevention or early intervention services; or
- (ii) the child is in need of care and protection” (DSD 2020: Regulation 6).

The amended social assistance legislation made provision for a CSG for orphans at a higher amount. In terms of the current definition of an orphan, only children with both parents deceased will qualify for the CSG for orphans (South Africa 2006: section 1). Over 70% of children are placed in related foster care by social workers have one parent deceased and the other unknown (Boning & Ferreira 2013: 526; Ross et al 2008: 62). There is no evidence of the other parent being deceased and hence these children will not qualify for the CSG for orphans and the objective of the introduction of the Grant will be defeated. Hence the Children’s Act No. 38 of 2005 had to be amended to change the definition of an orphan to include single parent orphans. Hence, the proposed amendments to the Children’s Act No. 38 of 2005 changes the definition of an orphan and tightens the definition of a cluster foster care scheme as be managed by a designated child protection organisation or the Provincial DSD. The definition of an orphan now reads as “a child who has no surviving parents caring for him or her” and the proposed change is “a child whose parent or both parents are deceased” (DSD 2019: section 1). The status of an orphan will change from a double parent to both double and single parent orphans (DSD: section 1). The next paragraph looks at the types of foster care in South Africa and the evidence supporting the overwhelming choice for related or kinship foster care placements.

2.5.3. Types of Foster Care

The Children’s Act 38 of 2005 makes provision for three types of foster care, namely unrelated foster care, cluster foster care and related or kinship foster care (South

Africa 2006: section 1). Unrelated foster care is care with individuals and families who are unrelated to the foster child or children, recruited, screened and selected by organisations to provide care and protection for children (Hegar & Scannapieco 1999:17). There are still relatively few children placed in cluster foster care schemes, approximately 24 children in Gauteng (SASSA 2020:1-3). Cluster foster care is a new programme in foster care and the implementation is slow because of the high costs in obtain building facilities and staff and many organisations do not have the resources for these facilities (SASSA 2020:1-3). Related or kinship foster care is the predominant preference for the placement of children in South Africa and the vast majority of foster care placements are in related care (Boning & Ferreira 2013:526; Ross et al 2008:62). Font (2014:2017) found that kinship care in the USA tends to be more stable than non-relative placements and this stability is associated with reduced behavioural problems and fewer school disruptions. There are mixed results on academic performance, where children in kinship care produced the same or worse results for some academic outcomes than non-kinship care. Children in kinship care may be less likely to receive support and resources because the foster parents were more likely to have a low income, low education and were single. However, foster children in both groups, related and unrelated foster care, exhibited declining behavioural problems over time. (Font 2014:2082). Another finding of the study was that non-relative foster parents are equally and possibly more successful in improving the well-being of children in their care. A possible explanation provided for the slightly better outcomes for children in non-kinship care is the higher living standards that non-kinship foster parents are subjected to (Harden 2004:32). In a study comparing children in foster and institutional care, Almas, Degnan, Walker, Radulise, Nelson, Zeanah and Fox (2015:236) found that children placed in foster care had better developmental outcomes than children in long-term institutional care, which they attribute to children being given an opportunity to form attachment relationships with foster parents, with their biological children and other foster children placed with the family. Kinship care of children with relatives is amongst the oldest traditions in child rearing and the newest phenomena in formal child placements in the USA and the UK. In recent years the number of kinship foster care placements have surpassed the

traditional unrelated foster care placements in the USA (Hegar & Scannapieco 1999:17). The following paragraphs look at the phases and stages of foster care practice in South Africa and some of the key decision-making processes that must be considered by social workers in practice.

2.5.4 The Phases in Rendering Foster Care Services

The Guideline for the effective management of foster care in South Africa (DSD 2009:Chapter 3) divides foster care into the assessment phase, placement phase as well as the supervision and support phase, each phase with its own decision-making demands.

2.5.4.1. Decision-making in the Assessment Phase of Foster Care

The assessment process in foster care services involves determining if the child is in need of care or if the biological parents have the ability to carry out their duties, the child or children's needs and the suitability of the foster parents to care for the child or children and areas for further development (Brown 2014:33; Beckett 2007:170). Prevention and early intervention services is a core element of the assessment process and the Children's Act 38 of 2005 (South Africa 2005: Chapter 8) prescribes an entire chapter to prevention and early intervention. The information identified as being critical for decision-making in this phase is the history of the family, the parent-child relationship, attitudes of the foster parents and foster siblings towards the placement, the personality characteristics and the habits of the child, the child's development and health history as well as interest of other adults in the foster family and their ability to offer the child a home (Beckett 2007:170).

Assessment is about making sense of events and statements, arriving at an overall picture and an understanding of what is happening and how the situation had come about (Milner & O'Byrne 2009:4). Assessments are rarely value free and the particular perspectives of the social worker influence the way they are conducted and their analysis (Ney, Stoltz & Maloney 2013:186). The social worker is required to establish

a trusting, empathetic facilitative relationship that enables rigorous and probing assessment and evaluation (Brown 2014:33).

Beckett (2007:180) states that child protection is a multi-agency system that includes medical doctors, courts, correctional services, lawyers, psychologists, police, interpreters, and social workers. Munro (2002:150) states that the tendency of group decisions to reach consensus does not lead to middle of the road decisions but to extreme ones, that is the group will shift to one extreme or the other of being either very cautious or very risky. Every professional involved in child protection brings different personal experiences to the job. In child protection the social worker must reflect on their personal style, approach, priorities and consider how these are linked to their experience (Beckett 2007:186). According to Brown (2014:44) the quality of assessments in foster care are influenced by several factors, namely the effectiveness of the social workers' communication skills because the personality and the behaviour of social workers will affect the openness of the client and children; the social workers' observational skills to observe the applicant, their home and their general environment and making sense of what is observed; the social workers' reflexive awareness of the impact of their presence, their beliefs, experience, professional status and knowledge on their interactions with clients and their ability to analyse and synthesise all the information gathered from what has been said and observed, as well as from statutory checks, references and feedback from training that the applicant attended.

Assessments do not simply represent a single event but continue after the production of a specific piece of work or report. It is an ongoing, fluid and dynamic process (Coulshed & Orme 2006:15). "It is important to think of assessment as a process rather than a once off event. There should be a seamless transition from assessment to intervention in a circular process that includes the crucial elements of planning and reviewing. Once completed, the circle begins again at the assessment stage of the process and so on" (Walker & Beckett 2010:13). The Ecological approach has been central in informing policy and provides an analysis to be made of the key factors that are likely to have an adverse effect on children's development and the corresponding protective factors that help children develop resilience if they are to thrive in the outcomes above. The core assessment framework provides a systematic basis for

collecting and analysing information to support decision-making about how to help children and families. A risk assessment in relation to the child's developmental needs, the capacity of the parents to respond appropriately to those needs, including the capacity to keep the child safe from harm and the impact of the wider family, as well as environmental factors on the parents and the child, are incorporated and analysed within the following matrix. The matrix sets out five outcomes for child development, the five dimensions which must be implemented to realise the outcomes and the principles set out the context for the realisation of the dimensions (Department of Education 2000:47). The outcome is the state of realisation for the child. The dimensions are the activities that must be conducted to achieve the developmental outcomes and the principles are the context in which the activities and outcomes are measured (Department of Education 2000:47).

TABLE 2.2: An ASSESSMENT MATRIX for FOSTER CARE (adapted from UK2000:47)

Outcomes for assessments The child must:	Dimensions for assessments	Principles for assessments
Be healthy.	Seeing the child.	Child-centred. The child is seen and kept in focus throughout the assessment and an account is always taken of the child's perspective.
Be safe.	Observing the child.	Rooted in child development. A thorough understanding of child development is critical. Child's developmental needs must be met.

Enjoy and achieve.	Engaging the child.	Ecological in their approach. An understanding of the child must be located within the context of the child's family, community and culture in which the child is growing up. Interface between child's developmental needs and the environmental factors.
Make a positive contribution.	Talking to the child.	Equality of opportunity.
Achieve economic well-being.	Doing activities with them.	Involve working with children and families.
		Build on strengths as well as identity difficulties.
		Are inter-agency in their approach to assessment and the provision of services?
		Assessments are continuous processes and not a single event.
		Are carried out in parallel with other actions and providing services.

		Are grounded in evidence-based knowledge. Each professional discipline derives its knowledge from a particular theoretical base, related research findings and accumulated practice wisdom and experience. Social work, however, derives its knowledge from theory and research in many different fields.
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Within the context of the foregoing framework social workers are increasingly supporting their assessments with standardised assessment and decision-making tools. Studies show that decisions supported by algorithm assessments tools are associated with positive outcomes in children's placements (Epstein et al 2015: 230). DSD, in South Africa implements two assessments tools for assessing a child in need of care and protection, the actuarial risk assessment and the safety assessment tools developed by DSD in collaboration with UNICEF for children in alternate care. It is a narrative report that focuses on the assessment by other professionals, physical and emotional well-being, developmental areas (belonging, mastery and independence, generosity) and the development of independent development plans. The assessment tool is a combination of the Cane assessment and the Circle of Courage (DSD & UNICEF 2012: 13-31). The second set of tools is a risk and safety assessment tool that is available in all local offices of government. The risk assessment tool is an actuarial assessment tool for children who are neglected, abused and exploited. It has a list of questions on the circumstances of the child with no focus areas (DSD [sa]:208-214). The safety tool is similar but focuses on type of maltreatment, child vulnerability, safety threats, protective capacities, safety interventions and safety decisions (DSD [sa]: 198-206).

2.5.4.2. Decision-making during the Placement Phase in Foster Care

The matching of the foster child with the foster family is a significant factor in the placement phase of foster care. A suitable match between the foster family and foster child is associated with better outcomes with respect to child development, hence the decision-making process in choosing the best foster parent for the child is important (Zeijlmans et al 2018:458). Studies have shown a mismatch between the foster family and the foster child if the age gap between the foster child and other children in the foster family is too narrow; if there is a difference between the foster parents' expectations and the reality after the placement of the child; and if the parenting style of the foster parent is not in line with the specific child's needs (Zeijlmans et al 2018: 458). Decision-making with respect to placements must be case specific and the availability of placement resources at the time of decision-making is significant for the outcome of the placement. A factor that has not received serious consideration for placement is a decision-making tool for the placement matching of the child with a suitable foster parent and family. The placement of children in foster care must be planned, it must be tailored to the needs of the child and the quality of care safeguarded. It cannot be compromised by the lowering of standards because of resource constraints (Zeijlmans et al 2018:459-462). The factors that must be considered in decision-making during placements, are the gender, age, disability, special needs of the child, the duration of the placement, and the relationship between the child and the biological parents and other siblings (Vis, Handegard, Holtant, Fossum & Thornblad 2016:558). In both the USA and UK, kinship placements are non-funded placements and often the preferred placement for children because of the scarcity of unrelated foster parents, it is unlicensed or informal care, more normative and less stigmatised (Font 2014:2074). Font (2014:2075) adds that two factors must be considered in decision-making during placements, one being the resource capacity which is tangible and refers to the socio-emotional resources which the foster parents possess that can be used to promote positive outcomes for the foster child, and two, the resource investment referring to the motivation and the willingness of the foster parent to use available resources to promote the well-being of the child. There are

high rates of breakdown in family foster care, especially for older children, and other options such as the foster care cluster schemes where older children have more independence may be more viable options. (Vanderfaeille et al 2016:358; Mnisi & Botha 2016:3). Vanderfaeille et al (2016:590) proposed that placement decisions be made based on nine factors, namely demographics characteristics, placement history, family of origin, relationship with the birth parents, acceptance of the placement by the birth parents, cognitive development, physical development, socio-emotional development, problem behaviour, and the need for structure and leisure activities.

The participation of foster children in the decision-making processes on their placement is the cornerstone for successful placements. The child's participation in decision-making is often in the form of feedback through adults rather than the child being an integral part of the decision-making process. Children's lack of participatory rights suggests that children are a minority group who lack the power to change their lives (Schiller & de Wet 2016:9-13). Only with children participating with adults can children be empowered to use their rights as citizens to transform their lives, if not, they are at risk of adult manipulation and retaining a minority position (Goodyer 2011:45). Alderson & Morrow (cited in Goodyer 2011:163) identified three models of children's rights, namely, the protecting model which perceives children to be victims or problems in need of protection; the providing model which views children as dependants in need of services and other provisions, and the participant model where children are understood to be capable of expressing their own views and contributing to their communities - participants who are capable of sharing in the definition and solution of problems.

Participation means it is the child's right to be involved in making decisions, planning and reviewing an action that might affect the child. Having a voice is having a choice and when children have a choice about their placement, then the placement tends to be more stable (Minkhorst, Witteman, Koopmans, Lohman & Knorth 2014:172). The cultural context within which foster care is practiced has consequences for the lack of opportunities to enable children to express their desires and choices without fear and manipulation (Schiller & de Wet 2016:13). There are several different placement tools

implemented in various countries. The family services in Kansas uses a web-based tool called “every child a priority” based on a decision support algorithm model that uses a set of criteria that describes the clinical characteristics of the children and matches it with the imputed characteristics of a potential foster family. The system matches child and a potential family and produces a score on the suitability of the match (Moore et al 2016:118). In the Netherlands, the legislation makes provision for religion, belief and cultural background as factors that must be considered in matching a foster child with a foster parent. Placement matching was done by trained placement practitioners who conducted interviews with the child, biological parents and the potential foster parents and determined their needs and desires. A matching instrument called “the assessment questionnaire foster care situations” to assess the willingness and the preparedness of foster parents to care for different types of children, was developed for practitioners by De Maeyer (cited in Zeijlmans et al 2018: 459). In South Africa there are no analytical tools used during the placement except for an agreement drawn up between the foster parent and the biological parents on the rights and responsibilities of each party towards the care and the development of the child, however the extent of its implementation is not clear (Johnson 2005:11). In the following paragraph the supervision phase of foster care will be discussed.

2.5.4.3. Decision-making during the Supervision and Support Phase in Foster Care

In the UK, the supervising social worker supports and enhances the capacity of the foster parents to provide a safe, stable, nurturing and loving home for children to enable their healthy development (Brown, Sebba & Luke 2014:4). The role of the supervising social worker includes amongst others providing information, advice, guidance, reviewing practical and emotional support needs of the carer. The social workers also check standards, responds to concerns, comments, and allegations, and ensures compliance with policies and procedures, noting significant changes in the household (Brown, Sebba & Luke 2014:5). They manage risks, ensure safety, review parenting plans, monitor the impact of the placement on the child and the household,

respond to foster parents' concerns, identify and support learning and development, assess and review the foster parents' relationship with the child, as well as review the resources and equipment provided (Brown, Sebba & Luke 2014:7).

There is mixed evidence on the impact of the amount and quality of supervision and support on children's developmental outcomes. However, there is some recent research evidence that shows that the amount and quality of supervision and support given to foster parents, foster children and their biological parents makes a difference to the outcomes for foster children (Sinclair 2005:29). The core elements of support are finance, training and preparation for foster care placements, carers' support groups, social work support, night duty teams, short breaks and teamwork (Sinclair 2005: 30). Foster parents in some cases provide more than just care and protection for vulnerable children but play multiple roles; they mentor the birth parents of the foster children, and they monitor, advocate and report on the well-being of the children to the relevant authorities, namely courts, schools and the social workers. Social workers must be actively involved in the design of the developmental programmes of the foster child and not leave it entirely to the foster parent (Chipungu & Bent-Goodley 2004-78).

During supervision the child is a major stakeholder in the decision to continue with the placement in foster care or to reunify with the biological family. In Netherlands it was found that a child's wishes influenced the social worker's decision-making processes on continuing with the placements or reunifying the child with their birth families (Minkhorst et al 2014:179). There were earlier findings in Israel by Arad-Davidson & Benbenishty (2008: 3) where there was no relationship between the wishes of the child and the decision of the social worker on the reunification of the child with the biological family. Whilst the child has the right to express his or her desire, the decisions on the well-being and the best interests of the child must be a professional one (Minkhorst et al 2014:180). In South Africa the same analytical tools mentioned in the previous stages and phases are also used during supervision because during supervisions all the phases can be implemented. The following paragraph examines some of the challenging factors that influence decision-making in foster care.

2.6. FACTORS INFLUENCING DECISION-MAKING IN THE FOSTER CARE SYSTEM

Literature mentions a few factors influencing decision-making within foster care service delivery.

2.6.1. Lack of organisational resources

Resource rationing can result in only crisis situations receiving a service. Complex situations require complex information processing systems which often do not exist (Font & Maguire-Jack 2015:73). There are universal factors that influence the decision-making processes of social workers such as high caseloads (including time constraints), cultural factors, employment type (permanent versus. temporary), social work experience, the extent of deprivation in a case, as well as the referral source and method (Tupper et al 2017:30; Moore et al 2016:119; Khoehler & Harvey 2005:133). Decisions in child welfare settings is complicated by aiming to protect children and maximise support for parents and, at the same time, conserve scarce resources (Moore et al 2016:120). Professional autonomy is compromised by a lack of resources needed to carry out responsibilities in accordance with professional judgement (Tupper et al 2017:31). Often social workers are like bureaucrats who enforce and administer programmes, following the rules and regulations established by government (Tupper et al 2017: 32; Lipsky 2010:82; Lindsey 2004:46). The conditions pertaining to South Africa, are social workers working in chaotic working spaces, sharing telephones, computers and having no private space for confidential conversations (Ngwenya & Botha 2012: 215). They feel overwhelmed due to high caseloads, lack of needed resources and experience poor team collaboration (Ngwenya & Botha 2012:215; Hearle & Ruwanpura 2009:427-429; Ross et al 2008:50-51; Khoehler & Harvey 2005:133). Factors related to social workers include the poor retention of social workers, lack of commitment to the profession, poor attitudes of social workers, unequal caseload distribution, lack of resources, poor

salaries and benefits (Boning & Ferreira 2013:521; Ngwenya & Botha 2012:209-223; Ross et al 2008:6). Clients were not provided with proper supervision (Boning & Ferreira 2013:537). A study by Martin and Mbambo (2010:6) found that the response from government service providers to cases reported by the Umtata Child Abuse Response Centre and the village child protection workers was poor because of insufficient staff and transport. It is reported that social workers must book a car three months in advance. Social workers reported that the shortage of vehicles was a huge problem preventing them from reaching children in need of care and protection. Social workers and communities on the ground are not kept up to date on policy changes, for example the lack of a birth certificate to apply for a grant (Martin & Mbambo 2010:67).

2.6.2. Professional Factors

Professional social workers are motivated to rescue children and often the danger of being a rescuer blinds them to the harm that can be caused by the sudden and immediate separation of children from their parents (Beckett 2007:95). Children have to live with the actual consequences of social work actions for the rest of their lives. Hence actions should be based on what one realistically expects to achieve, as opposed to what one would ideally like to achieve (Beckett 2007:96). Andrew Maynard (cited in Beckett 2007:97) calls this general ethical principle “the duty of realism”. Children can also be as vulnerable to sexual and physical abuse by foster parents as they would in their own homes (Font & Maguire-Jack 2015:72). False negatives (a case of abuse is reported maliciously), false positives (protection of abuse, an individual reports positively about a negative situation) can result in competent professionals assessing high and low risk cases by assigning low risk to a high risk case which can result in the death of a child. It is impossible to predict with accuracy the outcome of any case, especially injury and death (Beckett 2007:99). Certainty is not achievable in child protection work. Stress and work overload can result in cases not in immediate risk being ignored by social workers (Font & Maguire-Jack 2015:73). Some professionals are reluctant to make painful decisions such as removing children

from their parents (Kirkman & Melrose 2014:30). Interventions by professional organisations may be unrealistic and not sufficiently informed by evidence as to what actually works. Children can be placed in temporary placements for long periods of time without finalisation, while continuity in care is often disrupted through multiple moves (Beckett 2007:98).

Tupper et al (2017: 31) and Keddell (2014: 916) identified a great deal of variability in decision-making by social workers across local authorities in the same district in the UK, as well as across countries, resulting from case characteristics, environmental factors, the nature of the decision maker, and the limitations of decision-making tools. The authors refer to two reasons for the limitations of decision-making tools, firstly, using statistical or mathematical tools that cannot predict risks in the future, and secondly, social workers are not experts at incorporating accurate assessments of probability and effect measurements in decision-making. Other factors that influenced the variability of decision-making of social workers in foster care include the different tiers of government, political mandates, professional discipline, attitudes, theoretical knowledge, technological support, relational issues, material resources and personal environments (Keddell 2014: 917; Hackett & Taylor 2014: 1). The findings on factors that influenced the decision-making processes of social workers by Gambrell (2009:3) included gaps in staff knowledge, low motivation and skills levels, gaps between problems confronted and the resources available, including insufficient staffing, gaps in the training programmes offered to social workers, scant supervision, and inadequate assessments (Budd, Poindexter, Feliz & Naik-Polan 2001:93). Additional factors that influence the decision-making processes of social workers are elaborated on by Khoehler and Harvey (2005:132) and include the variation of expertise amongst social workers and domain specific knowledge that influences success. Some social workers make hasty conclusions and overpromise, others lack perseverance and place reliance on ineffective strategies or lack of familiarity with problem-related knowledge. Social workers working in child protection have to deal with a lot of pain where children are hurt, and their emotional stress is high and they are often not supported (Beckett 2007:130).

The more organisations gather and share information the less clients trust and confide in service providers. A balance must be developed between gathering and sharing information and allowing a degree of privacy to parents and children (Tupper et al 2017:35; Moore et al 2016:122). Even a competent, functional child protection system will make decisions that turn out not to have been in the best interest of the child some of the time. This may result in a culture of fear for organisations to cover their backs rather than protect children (Beckett 2007:99).

Professional rivalries and boundary disputes between organisations can lead to children and families being passed to and fro or being exposed to delays while disagreements are ironed out (Font & Maguire-Jack 2015:75; Khoehler & Harvey 2005:134)

2.6.3. Overburdening Administrative Functions

Social workers spend less time with children and families due to a heavy administrative burden. They do not evaluate the effectiveness of their intervention and thus made bogus claims of effectiveness. Clients were not fully informed about the evidence around the services offered (Font & Maguire-Jack 2015:75). Studies also found that social workers spend a considerable amount of their time processing applications for Foster Child Grants. Foster care in South Africa is used as an instrument for poverty alleviation and linking families to the Foster Child Grant is the primary aim of the social worker (Boning & Ferreira 2013:523; Hearle & Ruwanpura 2009:427; Ross et al 2008:8; Thomas & Mabusela 1991:125). To enable foster care to be an effective intervention for children, foster care services must develop and support both carers and social workers to deliver the best quality foster care possible (Brown, 2014:89). In the studies done on foster care in South Africa it was found that social worker contact with the foster child and foster parents were rather infrequent (Brown, 2014:89; Boning & Ferreira 2013:525; Ross et al 2008:8).

2.6.4. Numerous Community Needs and Too Few Resources

A number of studies were conducted in South Africa on the factors impacting on foster care services and there has been a consensus on the issues over a period of time ranging from political interference, mismatch between the Foster Child Grant and the foster care placement where the Foster Care Grant is an incentive for the foster care placement, unhealthy and unsafe communities, high rates of child abandonment and orphanhood, poverty, unemployment, unknown fathers, uncooperative biological parents, and lack of birth certificates for foster children (Mampane & Ross 2017:8; Boning & Ferreira 2013: 538-539; Hearle & Ruwanpura 2009:423-425). Other factors are conflict between foster children and caregivers, violent and aggressive youth, as well as lack of foster care placements for older youth and children with behavioural problems (Mnisi & Botha 2015:232-233).

2.6.5. Challenges with the Courts

Challenges are experienced with courts and presiding officers (inconsistent court decisions, lack of presiding officers, lack of training on the Children's Act, poor attitude of presiding officers towards social workers and unrealistic administrative demands on social workers) (Dhludhlu & Lombard 2017:173-175; Hall, Skelton & Sibanda 2016:69; Boning & Ferreira 2013:526-534; Sibanda & Lombard 2015:340-345; Ngwenya & Botha 2012:215; Hearle & Ruwanpura 2009:427-429; Ross et al 2008:50-51).

2.7. REFLECTION AND SUPERVISION OF SOCIAL WORKERS

Reflection is seen as important for the decision-making process. Reflection is closely related to supervision and social workers depend heavily on their supervisors' inputs to help them think through cases and, to some extent, shape their thinking (O'Sullivan 2011:132) Supervision is important in supporting social workers to make sound decisions (Morrison 2009:16). Supervision provides for review, reflection and action. It is documented that social workers rarely take decisions alone (O'Sullivan 2011:132;

Collins & Daly 2011:25). Supervisors are able to detect and counteract biases and personal beliefs that may be affecting the social workers' decision-making processes. Questioning can help workers uncover the hidden distortions that may be affecting their work and enable supervisors to detect and counteract biases and personal beliefs that may be affecting the decision-making process of supervisees. Supervision is presented as a critique to helping practitioners effectively apply and blend both analytical and intuitive reasoning (Munro 2008:10). Sharing decisions is undoubtedly seen by social workers as a way to improve the decisions taken and outcomes for people supported by the services. Good supervision encourages reflection, highlights gaps in the evidence gathered and provides an objective pair of eyes to help social workers step back and consider their cases. Supervision is also shared accountability for decision-making (Collins & Daly 2011:28). However, over time the traditional form of supervision has now evolved into managerialism, performativity and procedural compliance and there is little time for reflection. There is an erosion of reflective and relationship-based approaches to supervision with the focus on targets and compliance to rule based responses (Morrison 2009:16). Despite this change, supervision continues to be important to social workers and is the foundation for social work practice. There is no one blueprint for supervision and requires negotiation of purpose, process, power and relationship (Morrison 2009:16).

The DSD has developed a framework for supervision within the South African context that provides for “the effective supervision of social workers, student social workers, social auxiliary workers, learner social auxiliary workers in order to ensure competent professional social work practice and improvement of the quality of social welfare services” (DSD [sa]:4). The policies that guide the supervision of social workers are Section 195(1) of the Constitution of RSA, 1996 (South Africa 1996: section 195); Section 105 of the Social Services Professions Act 118 of 1978 (South Africa 1978: section 105); the DSD's recruitment and retention strategy (DSD [sa]:33); the White Paper for Social Welfare, 1997 (DSD 1997:37); and the Guideline for generic norms and standards for social welfare services (DSD[sa]:50-54). The Guideline for generic norms and standards for social welfare services, is the current prescription for the

supervision of social workers in both government and NGOs. The following table summarises the norms and the most significant standard for supervision:

TABLE 2.3: NORMS and STANDARDS for SUPERVISION

Norm	Description of the Norm	Standard
O-SP-1	States that social welfare service providers should provide supervision for all social welfare practitioners and students.	The ratio of supervisor-supervisee is 1:4-8 depending on distance of contact between the two.
O-SP-2	States that social welfare service providers should make supervision of social welfare service practitioners and students an integral and on-going part of the professional practice.	Newly qualified social workers should have at least three years of structured supervision on a fortnightly basis before they advance to a consultative level.
O-SP-3	States that supervision should be conducted in compliance with the code of ethics for social welfare practitioners.	Supervisors must accept co-responsibility for the professional conduct of supervisees.
O-SP-4	States that social welfare service providers should ensure the quality of supervision.	The overall performance of the staff must be monitored especially with respect to the effects of stress, team dynamics and relationships.
O-SP-5	States that supervisors should be qualified and experienced in the social welfare profession and occupation.	The supervisors should be qualified in the relevant profession, be registered with SACSSP (South

		African Social Services Professions Council) with three years of social work practice.
O-SP-6	States that supervisors should have appropriate training and experience.	The service provider should enable supervisors to benefit from development opportunities relating to supervision and budget for staff development.
O-SP-7	States that supervision should be a collaboration between supervisors and supervisees based on the needs of the practice and the supervisees.	There should be a written supervision contract between the supervisor and supervisee and include the long-term professional development objectives for the supervisee and should be negotiated and reviewed periodically.
O-SP-8	States that supervision should be structured and planned, including all the functions of supervision.	All supervision sessions must be jointly planned and records maintained of all decisions made.
O-SPP-9	States that service providers should make provision for mechanisms and processes to deal with conflict in the supervisory relationship.	The procedures and processes to deal with the conflict must be jointly agreed upon and developed between the supervisor and the supervisee.

O-SP-10	States that all supervision sessions should be recorded promptly and accurately and the records stored securely.	The quality of work and supervision should be audited.
O-SP-11	States that the supervisor should ensure that the management function is carried out.	The supervisor communicates the organisational changes to staff and briefs management about resource shortages, staff needs, policy clarifications, arbitrates between teams and serves as a link between staff and management.

Source: (DSD [sa]: 50-54).

2.8. CHAPTER SUMMARY

This chapter examines the definition and principles of social work in the context of child protection and social work decision-making processes. Three theories of decision-making are examined in depth, namely the intuitive, analytical and the mixed theories of social work decision-making. These theories are explored in the context of all the factors that influence the use of a particular theory and the respective limitations of using either the intuitive or analytical theory in isolation. Implicit in the decision-making theories is an ethical approach and virtue ethics; deontological ethics and consequential ethics are discussed. The framing of decisions, which is seen as important as the importance of the decisions themselves, are deliberated and the use of the matrix as a decision-making tool is discussed.

A definition of foster and an historical overview of foster care in South Africa is provided. The types of foster care, namely related or kinship foster care, unrelated foster care and cluster foster care are explained. The phases and stages of foster care services as set out in the Guidelines for the Effective Management of Foster Care and the decision-making processes linked to each stage, is presented.

Factors affecting the decision-making processes of social workers rendering foster care services elsewhere in the world and in South Africa are discussed including the lack of organisational resources, professional factors, administrative factors, inter-organisational factors, community issues and the lack of resources, lack of supervision and reflection, challenges with the courts and distrust of service providers. The importance of supervision and reflection on the decision-making of social workers is highlighted, concluding with a summary of DSD norms and standards on the supervision of social workers. The next chapter will describe how the researcher implemented the planned research methodology.

CHAPTER 3: APPLICATION OF THE RESEARCH METHODOLOGY

3.1. INTRODUCTION

In Chapter One, the researcher provided the definitions of the concepts and a rich description of the planned research methodology, while in this chapter she discusses how the research methodology was implemented during the study. The researcher describes the ontological and epistemological perspectives that informed the research methodology as well as the application of the qualitative approach and the case study design of the study (King et al 2019:5; Bliss 2016:1). The research methodology is informed by ontology or how we perceive reality and epistemology or our belief in how knowledge should be generated (Mason 2018:4-8; Wahyuni 2012:69). The research methodology is the journey to answer the research questions, providing a description of the research approach, research design, sampling procedures, pilot testing of the data collection instruments and a rich description of the data analysis (Mason 2018:15; Gentles et al 2015:1773). The use of case files and semi-structured interviews as the methods for data collection within the study, are discussed in depth, concluding with a discussion of the ethical considerations implemented in collecting and analysing the data (Gentles et al 2015:1773; Mason 2018:84). In the next section the ontological and epistemological assumptions informing the methodology of the study are discussed.

3.2. ONTOLOGICAL AND EPISTEMOLOGICAL ASSUMPTIONS INFORMING THE METHODOLOGY OF THE STUDY

Ontological and epistemological assumptions guide decisions about the methodology and methods used in social science research (King et al 2019:17; Mason 2018: 4; Brink, Van der Walt & Van Rensburg 2018:19).

3.2.1. Ontology

In research ontology the researcher studies real world situations as they unfold naturally instead of manipulating research outcomes and recognises the existence of multiple constructed realities (Bowen 2010:130). Ontology means the claims or assumptions that a particular approach to social enquiry makes about the nature of the reality (Bowen 2010:130; Blaike 1993:6). There are two different ontological approaches regarding the theory of existence. The one approach is where realities refer to social practices with people as social actors and the other is the biological approach, suggesting that what drives our being in the world, is inherited and located within the individual (King et al 2019:9). Ontological positions are often described as realist or relativist. Realist ontology subscribes to the view that the real world is out there and exists independently from us. Those taking this view argue that the world is made up of objects and structures that have identifiable cause and effect relationships.

The reality ontological questions relate to what exists in the world and how it exists. Critical realism is a perspective that retains the core of ontological realism but adds that behaviour and experiences are generated by underlying structures such as biological, economic and social structures. Relativist or interpretative ontology takes into account the complexities of the way in which individuals may relate differently to the decision environment and context to give effect to outcomes in terms of decision strategies depending on the situation and how it is interpreted. According to this position our relationships and experiences are relative to our specific cultural and social frames of reference, being open to a range of interpretations and society is viewed as a product of people engaging with one another. The relativist ontology focusses overtly on viewing events and actions from the point of view of the research participants (Cresswell & Poth 2018:16-18; Bryman 1998:61). The aim of this study was to explore the factors that influence the decision-making processes of social workers in rendering foster care services and developing a matrix to guide decision-making. The researcher subscribes to social and interactive explanations for behaviour and therefore believes that speaking to people to explore their social experiences would be consistent with the relativist ontological position. The

researcher's ontological beliefs and understandings however also impact upon what counts as knowledge in this study.

3.2.2. Epistemology

Epistemology is a theory of knowledge embedded in a theoretical perspective which informs all aspects of the research process (Cresswell & Poth 2018:16-18; Creswell & Creswell 2018:3). Epistemology addresses how knowledge is created, the conscious and unconscious questions, assumptions and beliefs that the researcher brings to the research (Hesse-Biber & Leavy 2007:12). Positivism is an epistemology "that advocates the application of the methods of natural sciences to study the social reality and beyond" (Bryman 2012:28). According to positivism knowledge is developed through gathering of facts that leads to the identification of laws (Bryman 2012:28). Interpretative or hermeneutic epistemology believes that social meaning is created during interaction, with different social actors understanding social reality differently and producing different meaning and analyses. The interpretive perspective discounts the positivist notion of objectivity. They state that social reality is not conceived as out there waiting to be discovered and measured but rather it is relational and subjective produced during the research process. The researcher is not perceived as value-neutral and objective but rather as an active participant along with the research subjects in building descriptive, exploratory and explanatory knowledge (Hesse-Biber & Leavy 2007:57). Epistemology is related to ontology as claims about what exists in the world, is related to how, what exists, can be or become known (Scott & Usher 1996:11). In this study an interpretive or hermeneutic epistemology was adopted by capturing the perspectives of different social workers and their supervisors through semi-structured interviews acknowledging their multiple realities and the researcher's interpretations of these realities (Yin 2018:16).

Based on relativist ontological assumptions and an interpretive epistemology, the research utilised the qualitative approach and case study design informed by the explorative, descriptive and contextual designs in answering the research questions

of this study. In the next section the research approach adopted for the study is discussed.

3.3. APPLICATION OF THE RESEARCH APPROACH

The researcher adopted a qualitative approach for this study (Cresswell & Poth 2018:9-21; Silverman 2017:7-11; Hennink, Hutter & Bailey 2011:17; Bryman 1998:61) which sought to explore the factors that influence the decision-making processes of social workers rendering foster care services and the development of a decision-making matrix to guide social workers in making decisions. The study was exploratory in that the researcher tried to obtain an in-depth understanding of the factors that influenced the decision-making processes of social workers rendering foster care services in Gauteng.

The qualitative approach was the most appropriate for the study because decision-making was studied in real world contextual conditions (Yin 2016:9). According to Platt (cited in Yin 2011:15-16) participant observation is the main data collection technique for the case study method, however, she later changed her perspective stating that case study research has come to be appreciated as having its own “logic of design”. One of the characteristics of a case study inquiry is that it relies on multiple sources of evidence, with data needing to converge in a triangulated fashion. The evidence in this study was obtained from multiple data sources, namely case files, social workers and their supervisors within their work environments. In this way a wider perspective on the unit of analysis, which is decision-making processes of social workers rendering foster care services, was obtained (Mason 2018:31; Hesse-Biber & Leavy 2007:5). The researcher used multiple data collection methods such as a guide for the case file analysis and semi-structured interview guides for the social workers and the supervisors resulting in a triangulation of data sources and data collection methods. The case file analysis provided the details of the decisions made in varying circumstances in a specific case. The quality of recordings in the case files and the amount of detail on the decisions varied from one case file to another with some case files having only reports and no process recordings. However, when the contents of

the case files and the decisions and decision-making processes recorded were articulated to the social workers and the supervisors, they could recall the events and the decision-making processes in some detail. The nature of the cases were very similar and the decision-making processes had almost become routinised. The social workers and supervisors responded to some of the interview questions in a generalised manner, and would only become specific to the case in instances when a particular decision was specific to that case (Silverman 2017:7-11; Lipsky 2010:82).

The complexity of some of the case issues e.g. multiple movements of a child could only be understood by breaking the decision-making processes into simpler more easily understood elements, namely the decisions at each phase or stage of intervention and the factors influencing each decision in respective phases and stages (Cresswell & Poth 2018:9-21).

The study focused on different contexts, namely government services and NGOs, districts, societal, organisational, policy, professional, inter-professional as well as legal contexts and the information was fundamentally interpretative (Cresswell & Poth 2018:9-21; O' Sullivan 2011:19-32). The information provided was interpreted by participants and the researcher as well as the coder during data analysis.

The research was emergent and evolved as the interviews progressed from one participant to the next (Cresswell & Poth 2018:9-21; O' Sullivan 2011:36). With the analysis of every case file and interviews with each participant, the researcher gained a deeper understanding of the decisions, decision-making processes and their context, which assisted her to probe further as data collection continued until nothing new evolved (Silverman 2017:7-11; Matthew & Ross 2010:142).

The research focus, the factors influencing decision-making processes of social workers rendering foster care services, was viewed holistically in relation to the participants and the context. The inquiry was conducted systematically, namely completing the data gathering per district within the government and the NGO before progressing to the next district and testing for data saturation as the process progressed.

The researcher was sensitive to the personal identity of the participants and the researcher, and how it shaped the study which is discussed in detail under reflexivity (Cresswell & Poth 2018:9-21; Silverman 2010:10). The perspectives of the supervisors provided a wider and deeper insight into factors influencing the decision-making processes of social workers rendering foster care. The supervisors could elaborate on factors identified by the social workers such as the low commitment to their work and their feelings of futility which would have been missed if the participation was confined just to social workers. The researcher was consistently aware of her own role within government as well as the different roles played by social workers and supervisors in decision-making during the foster care service. The researcher is a social worker who worked for several years rendering foster care services and then migrated upward to child policy development, and then to monitoring and evaluation. Her experience and knowledge of foster care services and familiarity with the context of social workers rendering foster care services enabled her to examine participants' experiences in detail, to identify the factors from the perspectives of the study participants, as well as understand the meaning and interpretations they gave to their decisions and actions (Hennink et al 2011:9).

The most important reason for using the qualitative approach is its flexibility and adaptability to the context of the research setting. In one case the participants refused to participate in the study and participants could be easily replaced with another set of participants that met the criteria for inclusion in the sample (Cresswell & Poth 2018:9-21; Mason 2018:220). In the next section the research design is clarified.

3.4. APPLICATION OF THE RESEARCH DESIGN

The research design sets out the strategy to answer the research questions. The researcher in this section describes the evidence that was collected, where the evidence was collected and how the evidence was interpreted to answer the research questions to fulfil the objectives of the study (Marshall & Rossman 2016:103; Terre Blanche, Durrheim & Painter 2014:29; Yin 2016:83; Marshall & Rossman 2016:103). Creswell and Creswell (2018:183) and Yin (2018:1) explain that the narrative design

and phenomenology focus on individuals, while processes, activities and events are explored through case studies and grounded theory, and cultural behaviours of people are investigated using ethnography. Denzin and Lincoln (cited in Yin 2018:1) agree that case studies are described as one of the major five types of qualitative research. According to Creswell and Poth (2018:10) “a case study might be considered as one of the variants in doing qualitative research”. Multiple case studies are also called multisite, comparative, cross-case studies (Merriam 2009:49) or multi case studies (Yin 2018:139) or collective case studies (Stake 2006:8; Thomas 2011:9, Harling 2002:1). Yin (2018:140) states that “a case study is an empirical inquiry that investigates contemporary phenomena within its real life context, especially when the boundaries between the phenomenon and context are not clearly evident”. In this collective or multiple case study, cases at multiple sites were used because it was important to understand the factors that influenced decision-making of social workers rendering foster care services at multiple sites (districts) where different contexts prevail (Harling 2002:2).

Stake (2006:4) states that there must be a balance achieved in terms of what is peculiar to a case what must be generalised. Too much of the former may produce a mass of data that cannot be generalised and too much of the latter may result in a dearth of depth of detail that undermines the rationale for the use of this research design. He adds that a case study design should give a thick description that is a highly detailed and reflexive account of the case and, a comparative analysis which focuses on certain key features of the case that are generalisable or transferable. Generalisability or transferability can be limited with case studies because they explore phenomena within their natural context and so produce contextually bound data. However, identifying which results are generalisable and which are not is dependent upon the analysis of the data (Yin 2009: 35). The case study method offers a rich description of the case under study from the research question to its final conclusion.

A case study “investigates a contemporary phenomenon in depth and within its real world context, especially when the boundaries between phenomena and context may not be clearly evident” (Yin 2018:15). According to Baxter and Jack (2008:545) a case

study design is used when “how” and “why” questions are asked; the behaviour of participants cannot be manipulated; contextual conditions are relevant to the study or boundaries are not clear between the phenomena and the context. A case or unit of analysis is defined as a person, processes, programmes, events, community, country, situation, or decision and must relate to the particular aspect of the research question (Matthews & Ross 2010:128; Thomas 2011:9; Yin 2009:17). Shaw and Holland (2014:88) quote Stake in describing a case as “a specific, a complex functioning thing”. Merriam (2009:40) states that “a case study is an in-depth description and analysis of a bounded system”. By bounded system, Merriam (2009:40) quotes Stake in stating that case study research is less of the methodological choice, than a choice of what is to be studied. The “what” question, is considered a bounded system. It is the unit around which there are boundaries meaning that what is studied can be ring-fenced. The behaviour of participants cannot be manipulated; contextual conditions are relevant to the study and boundaries between the phenomena and the context are not clear (Baxter & Jack 2008:545). The case study method provides a methodological framework for investigating a case empirically within the real life context and retaining a holistic and real world perspective (Yin 2011:4). He adds that case study research must be used if there is sensitivity around the research phenomena and where the phenomena must be studied in as natural a surrounding as possible, if the study is centred on obtaining information about processes that are interconnected and cannot be separated in disparate units.

Stake ([sa]:137) distinguishes between intrinsic, instrumental and collective case study designs. An intrinsic case study is done to learn about a unique phenomenon. An instrumental case study is done to provide a general understanding of a particular phenomenon using a particular case and a collective case study is done to provide a general understanding using a number of instrumental case studies at the same site or at multiple sites. In a collective case study, multiple cases are combined into a single study (Stake [sa]:138). Yin (2009:61) states that multiple or a collective case design is stronger than a single case. The multiple or collective case design enables analytical conclusions to arise independently from more than one case. It is also the most appropriate method in studies, where it is impossible to separate the

phenomenon's variables from their context. Yin (2018:21) states that in multiple case studies, the elements are the case and the unit of analysis.

This study is undertaken to obtain an in-depth understanding of decision-making processes of social workers rendering foster care services, a phenomena that is not well understood and articulated, characterised by a high level of flexibility and lacks a formal structure. A case study has descriptive elements, as it describes the relationships between issues, elements, personalities, characteristics, situations and processes (Van Niekerk 2009:106). The study seeks to answer the “what” question from which the “why” and “how” research questions are derivatives (Cresswell & Poth 2018:9-21; Silverman 2017:7-11). The researcher wanted to know what the factors are influencing the decision-making processes of social workers rendering foster care services, why this is the case and how social workers can be assisted to make accountable decisions. Studying the decision-making processes of social workers is a highly sensitive phenomena. Therefore, exploring the phenomena in surroundings as natural as possible and under circumstances as natural as possible was warranted to answer the research questions in this study. Hence participants were interviewed in their offices where they made their day-to-day decisions. Another reason for using the case study design is that the phenomena being studied is not well understood and articulated. There were no previous studies on this subject manner within South Africa and there is no repository of information that could be accessed. The phenomena is characterised by a high level of flexibility in terms of decisions made by social workers and it lacks a formal structure for its understanding except for the court placements where the proceedings are well documented and can be accessed to obtain an accurate record of decision-making. There were several critical decisions made before the court's processes such as the suitability of the foster parent and the recommendation to place the child in foster care, decisions which most courts merely rubber stamp, nevertheless the court intervention is a significant decision-making process in rendering foster care services.

The researcher studied the case files in depth and made copious notes. During the interviews, the social workers had the case files in front of them and the evidence articulated had to be cross-validated with other sources of information such as the

case files and supervisor's evidence. There were multiple sources of data gathered through multiple techniques to confirm and validate the evidence gathered per case (Bryman 1998:52). In this multiple case study, the unit of analysis was the decision-making processes of the social worker rendering foster care services in government and NGOs respectively, within each of the five districts in Gauteng. The focus of the study was to identify the factors that influence the decision-making processes of social workers during assessment, placement and supervision in rendering foster care services (Merriam 2009:41). As mentioned in Chapter One the case study design was informed by the explorative, descriptive and contextual designs. The explorative design is used when more knowledge of a situation needs to be developed and initial questions have to guide the process (Bless, Higson-Smith & Sithole 2013:57). An explorative research design arises when there is a need to make preliminary investigations (Babbie & Mouton 2010:79; Baxter & Jack 2008:548). In the descriptive design the researcher observes the participants and situations and describes accurately what he/she has observed (Babbie 2014:95). In using the descriptive qualitative research design, the researcher aimed to observe and describe a rich and accurate picture of the participants' environments, interactions, meanings and everyday lives (Marshall & Rossman 2011:69; Rubin & Babbie 2011:134). The contextual research design works from the assumption that human experiences can really be understood when researchers fully grasp the natural settings of the research participants (Monette, Sullivan & De Jong 2011:225; Hennink et al 2011:9). Contextual research focuses on precise events in a "naturalistic setting" and involves observing participants in their natural environment (Rubin & Babbie 2011:135).

These three designs informed the case study design in this study as decision-making processes of social workers rendering foster care services, a relative new area of focus, especially in South-Africa, were explored and described in detail within the contexts of government and NGOs. The phases of the foster care placement and the factors influencing the decision-making processes in each phase also formed part of the context of the research topic. The process of rendering foster care services by the government varied from one district to another, each tailored to respond to the managerialism implemented for that district (Rogowski 2018:71). In the NGOs the

context of decision-making varied in terms of service specialisation in one instance, managerialism in another and relational social work in others which are discussed in the next chapter (Rogowski 2018:72). In the next section the research methods explaining the data collection are discussed.

3.5. RESEARCH METHODS APPLIED IN THE STUDY

Research methods have three characteristics, firstly they are systematic and controlled, secondly, they are empirical and turn to experiences and the world around us for validation, and thirdly, they involve rigorous testing of results obtained through methods that are open to public scrutiny and criticism (Swaminathan & Mulvihill 2017:20; Walliman 2011:6). The research methods are fundamental to data collection and there are four data collection methods in qualitative research, namely interviewing, observing, collecting and examining records, and feeling (Yin 2016:138). The research methods are the detailed plan to collect and analyse data (Swaminathan & Mulvihill 2017:20). Research methods used in this study are collecting and examining case files or records and semi-structured interviews with social workers and their supervisors. The high level of sensitivity around the subject matter required a non-personal and informal engagement on the subject matter with the participants. The researcher had to quickly develop rapport with the participants and did so by means of a friendly chat on issues of common concern such as the poverty and high unemployment in the communities. The social workers and supervisors quickly perceived the researcher as not being judgmental with a genuine concern for the poor. In the next section the determination of the population for the study is discussed.

3.5.1. Population

The population is defined as the broader group of people, objects, and events that manifest an issue or phenomenon from which a smaller group is drawn to study the issue or phenomenon (Marshall & Rossman 2016:110). It is the collective that the researcher seeks to identify with particular characteristics or set of characteristics and

is the collective term used to describe the total quantity of cases of the type which are the subject of the study (Mutinta 2013:2; Walliman 2011:185) As already stated in Chapter One, the population for this study was the social workers and their supervisors working in both government and NGOs rendering foster care services in Gauteng. The DSD has a Provincial office in Gauteng with five districts or district offices, namely Tshwane, West Rand, Johannesburg, Sedibeng and Ekurhuleni. Each district office manages between five to ten local offices that render foster care services directly to the community. Some local offices extend their services into the community through satellite offices. The DSD has a list of all its local offices and the social workers and supervisors who render foster care in the respective local offices in each district. The DSD was given the criteria to purposively select participants for the study from amongst its population of social workers and supervisors that render foster care (Loseke 2017:117; Patton 2015:264; Yin 2011:311). Similarly, the population of social workers and supervisors for the NGOs were all the social workers and supervisors rendering foster care services in the NGOs. The NGOs included Child Welfare Societies and other organisations that were church-based or independent of any national affiliation, that purposively selected the participants for study from amongst its population of social workers and supervisors, based on the criteria provided (Loseke 2017:117; Patton 2015:264; Yin 2011:311). The sample and the procedures employed are discussed in more detail in the following sections.

3.5.2. Sampling

In Chapter One reference was made to the definition of sampling by Gentles et al (2015:1775) as “the selection of specific data sources from which data are collected to address the research objectives”. Sampling was also described as “the design task of deciding which elements in the population will be chosen and how these elements will be chosen” (Loseke 2017:117). As planned, the researcher made use of purposive sampling, a method of non-probability sampling based on a set of criteria or characteristics that would provide the depth and optimal information required in the study (Mutinta 2013:10; Yin 2011:311). Patton (2015:264) defines purposive sampling

as the selection of participants or sources of data based on the anticipated richness and relevance of information in relation to the study's research questions. The researcher chose purposive sampling because it covered the characteristics of the social workers and their supervisors that would have a bearing on their decisions and the completeness of the information required in terms of the objectives of the study. In accordance with purposive sampling a set of criteria was developed for the social workers and the supervisors who were to be included in the sample. The Head of the Gauteng Provincial DSD was sent a letter (attached as Addendum D) requesting permission to undertake the research and the information required, together with an information sheet (Addendum F) on the research and the ethics clearance certificate. Within two weeks, an approval letter (attached as Addendum M) was received for the research to be undertaken and a contact list of all the district managers was provided. The researcher emailed the letter of approval letter to conduct the research, the ethics clearance certificate, and the information sheet for the research that set out the criteria for the selection of the sample, to the district manager who then selected the local offices with the highest foster care caseload and emailed the researcher the contact details. In government, the local office with the highest caseloads per district selected were Soshanguve in the Tshwane district, Sebokeng in the Sedibeng district, Krugersdorp in the West Rand district, and Dobsonville in the Johannesburg Metro district. In the Ekurhuleni district the office with the second highest caseload namely Geluksdal was included in the sample because the office with the highest caseload decided not to participate in the study due to work pressure. The researcher then sent an email to the local office manager introducing herself, and attaching an information sheet that set out the criteria for the selection of the participants. The local office managers then purposively chose the supervisors in terms of the prescribed selection criteria (Chapter One, paragraph 1.7.2) and the supervisors then purposively chose the social workers according to the selection criteria specified. The local office managers then emailed the researcher the contact details of the social worker and supervisor with the highest caseload who met the mentioned criteria for the sample. The researcher then emailed the information sheet for the social worker and supervisor (attached as Addendum F), the letter of approval for the study from the

Provincial DSD, the ethics clearance certificate, consent forms for the participants (attached as Addendum G), the information sheet and consent forms for the clients (attached as Addendum H) and consent and accent forms for the child (attached as Addendum I) involved in the case file that was analysed. The researcher then set up appointments with the social workers and supervisors in each office, introduced herself and briefed them about the study, explained the criteria for the case file selection, provided hard copies of the documentation emailed and sets of consent forms. It was agreed that after the social worker had discussed the request and completed the consent and accent forms with their clients, an appointment would be set up for the case file analysis and interviews.

When the interviews with the social worker and supervisor was completed per district, the researcher requested the details of an NGO that partnered with them in rendering foster care within their jurisdiction. She contacted the organisation telephonically and by email. The researcher sent the directors of these NGOs a letter of request to participate in the study, detailing the requirements and providing an information sheet (attached as Addendum C) as well as the ethics clearance certificate to each of the NGO's. When approval was confirmed, the researcher then e-mailed the information sheets for the social worker and supervisor, purposively selected in accordance with the criteria, consent forms for the participants and the client, and consent and accent forms for the child or children involved in the case file. She then set up appointments with the social worker and supervisor respectively, briefed them about the study, answered their questions and provided hard copies of the information emailed. It was also agreed that once the clients were briefed and their consent obtained, appointments were set up for the case file analysis and the interviews. When the local offices with the highest caseloads were selected as the sample and information provided to the researcher, she verified the correctness of the sampling with the data on the administrative SASSA database. The offices selected as having the largest caseload closely matched the SASSA administrative data base. See Addendum O for the caseload per local office.

One of the selection criteria for case files for both government and NGOs was that the case file selected must be completed in terms of all the phases in foster care and if

more than one social worker rendered foster care services in the value chain of a single case, then all the relevant social workers were selected for inclusion in the sample. The social workers and supervisors in both the government and the NGOs were “frontline” workers who had direct contact with the clients and almost exclusively made the critical decisions, sometimes in the most difficult cases and within very short spaces of time. However, the services in the respective offices of government and the NGOs were structured differently. Some offices had different social workers doing intake only or some social workers doing both intake and fieldwork which included the placement of the child. All offices performed supervision of foster care as a separate function that included reconstruction and reunification services to the biological family. Only one private welfare organisation (B2) separated supervision of foster care from reconstruction and reunification services.

The emphasis in this study is less on sample size and more on sample adequacy, meaning that the phenomena had to be adequately explained by the cases selected (Bowen 2010:132). Some authors (Loseke 2017:114; Marshall & Rossman 2016:108-109; Silverman 2010:140) state that the size of the sample in qualitative studies is determined by the scope of the design. In a case study a single participant could be adequate. If the scope is broader, the sample could grow until a state of saturation in the data is achieved. Silverman (2017:140) adds that results from a case study can be generalised when it comprises of several cases that represent the population. Multiple case studies have the implicit goal of comparability, transferability and theory building. It has “replication logic” in that the theory derived from one case is strengthened in further cases. There are no explicit guidelines for determining saturation, its determination is dependent on the researcher (Bowen 2010:129).

The sample initially commenced with one social worker and their supervisor being purposively selected from one local office in one of the five districts in government and one social worker and supervisor from a NGO in the same district in Gauteng, and gradually expanded to another district until no new data was collected. Each social worker chose a case file for analysis that was complete in terms of the continuum of services rendered from prevention to supervision, where decisions made by social workers had been clearly indicated. The unit of analysis was decision-

making processes of social workers rendering foster care services and therefore all the social workers and supervisors who were involved in the decision-making on that respective case (presented in the case file) were included in the sample as participants in this study. In the following sections the data collection process and procedures are discussed.

3.5.3. Data Collection Methods Applied

Case studies do not claim any particular method of data collection, any methods of gathering data can be used, although some methods like observations, interviews and documents are used more frequently than others (Merriam 2009:42). However, the most commonly used method for data collection in a case study are interviews and record analysis which were the primary methods of data collection in this study. As described in Chapter One (paragraph 1.7.4), data collection is a series of interrelated activities such as attending to the ethical issues, locating the site of participants, gaining access, developing rapport with the participants, then developing a strategy for the selection of the participants, piloting the instruments of data collection and procedures for collecting the data, the mechanism to record the data, store the data, and develop strategies to minimise field issues (Cresswell & Poth 2018:149; Swaminathan & Mulvihill 2017:36; Yin 2016:138). The following paragraphs demonstrate how the data was collected. A triangulation of data collection methods and sources were used in this study, namely semi-structured face-to-face interviews with social workers and supervisors as well as a document guide for the analysis of the case files. The researcher also used non-participant observation to a limited extent, as the study was conducted in the natural environments of the participants and therefore observations of the workplace and how the participants interacted with their work environments was unavoidable. Multiple methods of data collection were used because no single method could capture all the complexities of the research topic (Yin 2009: 10). A guide for the case file analysis and two interview schedules for the social workers and supervisors respectively was developed and tested during the piloting. The instruments were refined and then used to gather the data.

3.5.4. Preparation for Data Collection

Ethical approval was obtained from the departmental Research Ethics Committee and a certificate of approval for the study was received. As already discussed in the paragraph under sampling, communication was concluded with the Gauteng DSD and approval for the study was obtained. The preparation for data collection as discussed in Chapter One (paragraph 1.7.5) was followed except for one deviation. The researcher intended to pre-select the NGOs per district from a list of all NGOs operating in a district, however in doing so she experienced several difficulties with this process. Firstly, not all NGOs were rendering foster care services. Secondly, many were dormant and not rendering any services. Thirdly, many had no relationship with government. Fourthly, government had entered into agreements with specific NGOs as partners, to render foster care services within their jurisdiction or areas of operation in the respective districts. Hence, instead of selecting the NGOs independently, the researcher determined the respective NGOs from the social workers and supervisors in government that partnered with government within the respective jurisdictions and approached them to participate in the study. As the NGOs selected were partners of government, operating in the districts in the same jurisdiction as the local offices selected by government in the sample, the NGOs too became purposively selected by default.

The researcher met with the social workers and supervisors in both government and the NGOs after completing the formalities for participation, to allay any fears, address all concerns and questions in person as well as establish rapport with the participants (Magnusson & Marecek 2015:41-43). However, despite the information provided and the meetings to allay concerns, the researcher did not receive responses from two government districts despite repeated telephonic and e-mail contacts. She waited five months and then sought the assistance of the Manager: Research to facilitate contact after which she got responses from the respective districts A4 and A5. The response from the NGOs was positive and prompt, and they seemed to embrace outside perspectives. The NGOs tend to have flatter structures and communication was much

easier despite the limitation of facilities such as telephone, cell phones and email access. The appointments for interviews with the supervisors and social workers were set up easily, except for one NGO (B2) where there was some non-verbal resistance from one supervisor and one social worker. Both participants postponed the interviews twice and when they finally committed, they kept the researcher waiting for two hours before availing themselves for the interviews. Once the interviews were completed all resistance and apprehension disappeared and the social worker and supervisor became relaxed and communicative about their other practice challenges which they requested assistance for. In hindsight the social welfare context at the time of the research could have contributed to the observed resistance. Social workers experienced pressure with the late extension of the foster care court orders and possible disciplinary action for the backlogs. The current High Court Order for the blanket extension of lapsed and lapsing foster care orders, issued in November 2017 was due to expire in November 2019 and there were still hundreds of un-extended court orders. However the High Court intervened again to stay the lapsing of court orders for a further period of twelve months until November 2020. During the interviews social workers and supervisors realised that the study was not in any way directly linked to the extension of foster care orders as some had envisaged. The researcher had not received any participant consent forms prior to the interviews despite it being sent to participants more than a month in advance. The forms were completed in the presence of the researcher just before the commencement of the interviews. She found that the district managers did inform the social workers and supervisors in the government about the research. The researcher constantly affirmed her role as a student and researcher without mentioning her occupational role in her contact with the participants. The data collection instruments were developed and the methods for data collection were discussed in detail in Chapter One. The piloting and the refinement of the data collection instruments will be discussed in the next section.

3.6. PILOT TESTING

As stated in Chapter One, pilot testing is defined “as the process of refining the data collection instrument” (Devlin 2018:95). The purposes of piloting the interview instruments were to determine if the wording was correct, the order of the questions flowed from one point to another and for the interviewer to become more comfortable with the interview process (Magnusson & Marecek 2015:70).

The researcher completed the guide for the review of the case files and the semi-structured interview schedules for the social workers and supervisors and shared it with the study supervisor for input (Marshall & Rossman 2016:195). After obtaining the clearance certificate from the UNISA ethics committee, the researcher contacted organisation B2 for permission to pilot the instruments. The researcher provided organisation B2, a NGO, with the letter on the purpose of the study, setting out the criteria for the purposive selection of the participants and the case file for data collection. The researcher also attached the ethics certificate, and information sheets for the supervisor, social workers, foster parents and foster children as well as the consent forms for the participants and the clients and the access for the child or children for access to their information in the case file. The organisation responded by granting permission in writing and referred the researcher to the social work manager to make the appointments for the interviews to test the data collection instruments. The researcher met with the social manager and supervisor explaining the study and purpose of the pilot and provided hard copies of the documentation on the study and requested them to participate in the pilot test. They agreed, fully aware it was only to pilot the instruments. A date and time for the case file analysis and interviews were confirmed. The social worker together with the supervisor chose a case file for analysis that was complete in terms of the continuum of services rendered from intake to supervision. On the day of the interviews, the signed consent forms of the foster child and foster parent linked to the specific case file were collected and the researcher ensured that they were completed correctly. The researcher collected the file and analysed it in accordance with the data collection guide for the case file. When she completed the file analysis, she then interviewed the social worker after getting

her consent in writing. Before the interview with the social worker, the researcher offered clarification and more information on the research and assured the social worker of the confidentiality of the information and her anonymity. The same process was followed in the interviews with the supervisor. The recordings of the interview and the notes of the case file analysis were then transcribed into Word and the content was reviewed by the supervisor. The interviews were long and somewhat unstructured. The interview schedule was then revised to reword some of the questions for uniformity across the various stages and to shorten the questions (Magnusson & Marecek 2015:70).

The researcher was advised by her supervisor to re-pilot the instruments which she did this time at government A1. The same protocol was followed as described in the foregoing paragraph. The interviews went much more smoothly and the data collected was more structured. The recordings of the interviews and the case file analysis were transcribed into Word documents and submitted to the research supervisor. Both the researcher's supervisor and the researcher agreed to reorder two questions to prevent duplication of information and ensure a smoother flow of the interview process. The interview instruments were revised and the supervisor agreed that the researcher could commence with the fieldwork. The second pilot was included as part of the main study. It is not unusual to revise several drafts of the interview schedule to obtain the responses required. In order to develop a good interview and document review instrument, it should be pre-tested or trial interviews conducted at least twice (Yin 2016:39). The guide for the case file analysis remained in its original form and is attached as Addendum A. The revised social worker interview schedule is attached as Addendum B and the revised supervisor interview schedule is attached Addendum C. Once the instruments were revised and approved, the data collection process commenced and is discussed in the next section.

3.7. APPLICATION OF DATA COLLECTION

The data for this study was collected in the natural settings of the social workers and supervisors in all five districts over a period of eight months from June 2019 to

February 2020. Each interview with social workers and supervisors took between one and half to two hours with 16 social workers and 11 supervisors. There were 5 social workers more than supervisors included in the sample. It was assumed that each case would have one social worker and one supervisor from the two practice domains, and 10 social workers and supervisors were anticipated, depending on data saturation. However, in practice it was found that some offices are structured to have more than one social worker working on a case reporting to a single supervisor. The variation in practice was not anticipated during the planning process, assuming that the process would be uniform as experienced during the pilot test in one NGO and one government office. The case files remained ten because the different social workers would have worked on the case completing each phase of the foster care services. It took an hour to read the case files, and analyse and record the data from the case files. Once the case files were analysed and the recording completed, the researcher then returned the file to social worker to commence with the interviews. During the interviews she again introduced herself to the social workers, and again requested if any clarification was needed about the study and assured the social workers about the confidentiality of the information provided and the protection of his or her anonymity. The researcher summarised the contents of the case file before commencing with the interview questions on each phase (May 2011:134). The participants' responses were in more depth than the notes on the files (Matthew & Ross 2010: 231). The same process was repeated in the interviews with the supervisors (Lipsky 2010:99).

The data collection process commenced with social workers and supervisors in government and NGOs respectively in one district and systematically progressed to the next in the same order and after the data collection with both government and NGO was completed in the second district, the researcher would compare the data collected between government and the NGO in the same district and across districts for similarities in information and new information unfolding until no new data emerged but proceeded to complete all the districts (Cresswell & Poth 2018:18; Silverman 2017:9). In fact, data saturation had occurred much earlier by the third case

study but the researcher continued to complete all the districts in anticipation of new information (Bowen 2010:131).

The researcher took the decision to include a case from a NGO in one district that was not working in the same jurisdiction as the government local office sampled by the Gauteng DSD because at this stage one race group was not featured in the sample. In order to get complete racial inclusion, representing the demographics of the province, the researcher made the judgement by including a welfare organisation (B5) working in the same district but not in the same jurisdiction as the government local office for the district. The NGO also worked in an area that had a very high foster care caseload, in fact the second highest in the district. It was important, as stipulated in the inclusion criteria in Chapter One that the social workers had two and more years of experience, include both genders and all races be included in the case studies. The key aspect of qualitative designs is flexibility (Cresswell & Poth 2018:9-21; Silverman 2017:10), hence the researcher adjusted the decisions about inclusions without it having an impact on the trustworthiness of the study.

All the interviews were done in the offices of the social workers and supervisors and thus the researcher got a feel for the natural setting of the participants and the real service delivery context could be observed in all its complexities. Data was collected from analysing case files in accordance with a file data collection guide that was developed, and from interviews with social workers and supervisors. The researcher also made extensive notes on her observations and perceptions. She kept a personal diary where she recorded her thoughts and personal experiences, and the dates, times and venue of the interviews. She also recorded her thought processes in detail during the unfolding of the research (King et al 2019:179). In the next section the two data collection methods utilised in this study are discussed.

3.7.1. Data Collection from Case Files

The questions that guide information gathered from documents are: “Who has the information?”, “What information is needed?”, “Where will the information be collected?” “How will it be collected?” (Merriam 2009:139). The researcher wants to

add, “When will it be collected?” The two main types of documents used in qualitative research are public and private records (Merriam 2009:140). For the purposes of this study private records in the form of specific case files of a client to whom specific social worker/s and a supervisor rendered services, were used for document review on decision-making by social workers, because case files are required to be detailed, accurate and well substantiated since they can be required as evidence in a court case to assess the decision-making processes of social workers. It was also a data collection method to validate the information obtained in the interviews with the social workers and supervisors (Shaw & Holland 2014:64). Merriam (2009:142) states that in some ways documents are like observations that give us a snapshot into what the researcher thinks is important, namely the personal perspective of the participants, while observations allow us to see their overt behaviour. The case files are a reliable source of data concerning the decisions on foster care and factors influencing the decisions during the interaction between the social workers and the service users. They reflect the participants’ perspective which is what most qualitative research seeks to determine. In this case the writers of the records chose to select what to record, what she or he considered to be important without any undue influence (Yin 2016:116; Merriam 2009:143). The case files of social workers were selected because it is fundamental that decisions for the actions of social workers are recorded with good reasoning as their decisions affect human lives.

The researcher was advised by academics that direct real time observation of social worker’s decision-making processes may prove to be intimidating for social workers and they may refuse to participate in the study. Hence, it was decided that the analysis of the case files would provide the required information in a non-intimidating manner. As documents, file or case notes are produced for reasons other than research and they are not subjected to the same limitations as interviewing and observations. This was the researcher’s first source of data collection. The social workers who participated in the study were the custodians of the information and irrespective of where the information is stored, they are entrusted to make the information available. The case file analysis was completed in the offices of the social workers. The social worker and the researcher agreed on the time frames for the availability and the

analysis of the case files. Both social workers and supervisors were given an opportunity to clarify any content in the files that may have caused discomfort during the interviews.

A data gathering guide, which is attached as Addendum G, was developed to gather information from the files that was relevant to answering the research questions (Hancock & Algozzine 2011:51). Permission was obtained from both the client, foster parent and foster child or children to read and use the data in their respective files, assuring them of the protection of their confidentiality and anonymity by using codes as references for the information. All clients and foster children consented to using their data in their case files or records. The content or information in the case files was standard across all the districts in government in terms of containing the basic identifying information and the information required for the completion of the court report, which follows the prescribed Form 38 template used to compile the court reports. Apart from this the information in the files was vague, scant and incomplete. The only information on the factors influencing the decision-making processes of social workers that was well recorded was information on the income status of the foster parent and the living arrangements of the child or children with the prospective foster parent. This information was required to compile the screening report of the foster parent and living conditions for the child that is also required for the court report. The recording in case files of the NGOs varied from scant recording and details completed on the Form 38 template, to detailed recording in most files on the interventions in each contact and the factors influencing the decision-making processes of social workers.

3.7.2. Data Collection from Interviewing Social Workers and Supervisor

The second data collection method which produced the bulk of the data was the semi-structured interviews with social workers and their supervisors (see Addendum B and C for the interview schedules). Seidman (2006:7) quotes Vygotsky in saying that, “every word that people use in telling their stories is a microcosm of their consciousness”. He adds that the purpose of in-depth interviewing is not just to get

answers to questions or to test hypothesis but it is an interest in understanding the lived experience of other people and the meaning they make of that experience. The meaning people make of their experience affects the way they carry out that experience. Conducting interviews has strengths and weaknesses as indicated in the table below based on the work of King et al (2019:131):

TABLE 3.1: STRENGTHS and WEAKNESSES of INTERVIEWS

Strengths	Weaknesses
Gain information on personal experiences.	One-to-one interview, no feedback from others.
Gain in-depth information.	Need skills to establish rapport, use motivational probes, listen and react to interviewees.
Useful for sensitive topics	Flexibility needed to change topic order.
Get contextual information about the reactions of the interviewees.	A lot of transcription is needed.
Get personal stories and experiences of people.	

(King, Horrocks & Brooks 2019:131).

The researcher also realised that interviewing is labour intensive, time consuming and can be expensive (Mason 2018:116). The process requires establishing contact, setting up appointments and, if the participants cancel without informing the researcher, it results in travelling to appointments more than once. Then there is the cost of transcribing the interviews and quality checking them to ensure the accurateness of the transcription. The setting for the interview must also be conducive for a meaningful interaction (Yin 2016:117; Hancock & Algozzine 2011:39-41).

It is good practice to ask the participants where they would like to be interviewed and in this study participants preferred to be interviewed in their offices. Considering the objectives of the study it was most appropriate to conduct the study in the natural environment of where the decisions are made (King et al 2019:74). It was also the most convenient for the participants in terms of time and costs. Since interviews were conducted in the workplace, the researcher informed participants in advance to allocate sufficient time, a maximum two hours, for the interview without disruptions. The interviews related directly to the participants' everyday routines of decision-making. The researcher made the observation that supervisors did not request the receptionist to take messages on their behalf for the duration of the interview and thus the interviews were characterised by many interruptions with phone calls and interruptions with administrative inquiries.

Conducting the interviews at the NGOs were much easier than at the government offices because of their flatter structure and good planning. Social workers honoured their interview appointments on time and freed their diaries so that there was no pressure on time. There was also the greater appreciation for the research, new information and new insights into their work. Social workers in NGOs are generally used to interviews and familiar with the skills to make it more meaningful. The interviews were continuous, uninterrupted and spontaneous with both the social workers and supervisors. There were no interruptions except in one organisation.

Before the commencement of the interviews with the participants, it was important to build rapport with participants by giving non-judgemental responses, listening to their responses with non-verbal communication by nodding, a smile and giving acknowledgment for valuable information provided (King et al 2019:82-83). The researcher also explained what informed consent means and that they had access to the content of the final report. The researcher informed the participant about the ethics certificate that was sent to them and despite acknowledging receiving it, none of the participants had read it and therefore she referred them to it before commencing with the interviews. Participants also completed the consent forms in her presence and they were given the opportunity to raise any questions for clarity of understanding before commencing with the interviews. The social workers had arranged the

completion of the consent forms of the foster parent and the consent/assent forms of the foster child/ren. The researcher also stated that her study was not to judge the quality of decisions made but to study the factors that influenced the decision-making processes. The researcher also asked the participants for their permission to audio record the interviews to which they had no objection. In addition to audio recording, the researcher also wrote notes in short hand (King et al 2019:75).

All participants spoke English and there were no language barriers to warrant the services of an interpreter (Matthews & Ross 2010:225). Most social workers and supervisors worked in a multi-linguistic settings where English is the dominant language. To optimise the time, the social workers and supervisors were sent the interview schedule in advance to prepare for the interview. Some participants studied the questions and prepared in advance giving extensive information, others did not, resulting in the interviews being much longer than usual as they thought through the processes and questions (Magnusson & Marecek 2015:49-51). The main questions served as a skeleton for the interview, guiding the content mapping, shaping the structure of processes and building themes flowing from the literature review. The structure and the language of the questions were relevant to the daily routine practice of social workers rendering foster care services and it encouraged participants to talk about their experiences. The interview questions and the sequence of the questions resonated directly with social work practice. It allowed participants to reflect on the theory and relate it to their practice allowing unanticipated themes and concepts to develop.

Interviews are complex as it requires the researcher to listen, record, think of follow up questions and determine what to probe and what to let go. The researcher was aware that the initial engagement between her and the participant set the tone for the rest of the interview (Swaminathan & Mulvihill 2017:43-44). She used reflection, paraphrasing and summarising to indicate to the interviewee that she was engaged without interrupting the flow of information. The questions were quite direct and holistic requiring very little clarity, so the researcher did not ask too many sub-questions or leading questions to make the participants feel threatened (TerreBlanche, Durrheim & Painter 2014 301). The researcher could however cross

reference the information with the case files, constantly seeking affirmation of the decisions made in the case. At the end of each interview the researcher gave participants an opportunity to raise any question, request more information and share their experiences about interview. The researcher also informed them about the availability of the debriefer to assist with any issues that arose from the interviews and left them with her contact information for sharing additional information and the debriefer's contact details should they want assistance (King et al 2019:85). The next section describes the analysis of the data.

3.8. ANALYSIS OF THE DATA

As described in Chapter One the method of data analysis is defined as encompassing data organisation, theme development, interpretation of the data and report writing (Marshall & Rossman 2016: 214). Some authors define data analysis by its stages, namely compiling the data into a database; organising and indexing the data; disassembling the data into codes and then reassembling the data into emerging patterns and convincing arguments, and reporting (Mason 2018:192; Yin 2016:184-218). Coding is one of several methods of working and building knowledge about the data (Bazeley & Jackson 2006:70).

Data was collected from case file analyses based on a guide (refer to Addendum A) and from interviews with the participants', social workers and their supervisors based on their respective interview guides (Addendum B and C) by making constant references to their specific case file. The researcher planned to simultaneously audio record and transcribe the interviews into Microsoft Word text by using the computer for recording the interviews. However, it did not work because the verbalisation by participants was too fast for simultaneously transcribing words-to-text and hence the process had to be abandoned. The interviews were audio recorded and the recordings were transcribed by an independent transcriber into a word document, and the researcher quality checked each transcription for accuracy and completeness thereafter. In the process of quality checking the transcriptions, the researcher also

completed a comparative analysis case by case to again confirm data saturation (Bowen: 2010:137).

The researcher planned on completing the data analysis using Atlas ti.5. The researcher and her supervisor completed training on the data analysis using the software and downloaded the software for the analysis. The researcher began analysing the data using Atlas ti.5 but abandoned the process and continued manually because familiarising herself with the programme and commencing with the data analysis was taking longer than she had anticipated and she further opted to use an independent coder to confirm the data analysis and wanted concurrences on the data analytical processes. The researcher then proceeded with word for the analysis to enable concurrence with the independent coder in terms of the methodology of the data analysis.

In case study research, unlike other research, the researcher had to continuously engage the data during the data gathering process by making constant data comparisons between cases to determine data saturation (Hancock & Algozzine 2011:62). The data analysis process was done systematically commencing with one government and one NGO, drawing comparisons within government and NGOs and between government and NGOs per district. The researcher then went back to the literature review to see what the theory said about decision-making and compared this to the findings in this analysis. A systematic coding procedure of each case was followed. The data with each new case was coded and compared continuously with the previously collected data and recoded on a case by case basis (Bowen: 2010: 137). This process produced a lot of information. The researcher was initially quite overwhelmed by the over 350 pages of data collected and spent a considerable amount of time reflecting and planning the analysis. The codes used for the districts and the participants are outlined in Chapter 4. Flow charts were used to link the themes, sub-themes, categories and sub-categories to respond to the questions and test the theory by finding coherence and support for the theory or disputing it (Braun & Clarke 2006:77-101).

The thematic analysis of data included a combination of the essentialist (top down) and the constructionist (bottom up) approaches to the analysis. In analysing the data the researcher used the top down approach by using the literature review, the research questions and the guideline for the effective management of foster care in South Africa, to develop the themes and some of the sub-themes. The use of the bottom up approach entailed reading and re-reading the transcripts several times for underlying messages, interpreting underlining messages and inducing sub-themes, categories and sub-categories of data (Terre Blanche, Durrheim & Painter 2014:94-100). The bottom up approach corresponds with the “mostly inductive” process. The researcher began analysing the data by coding the data gathered from the participants and case files. The researcher looked at the questionnaire that was initially developed from the literature review and subsequently refined after the piloting to reflect the actual decision-making processes in practice. The researcher used alphabet letters and numbers to code the districts and offices, developed codes for the participants and coded the respective transcripts. From the data analysis, the questionnaire, guideline and the literature review, the researcher developed the themes that were emergent both deductively and inductively (DSD 2009:26-41). The researcher then developed the sub-themes also guided by the interview guides, informed by the literature review and previous research findings, whilst simultaneously allowing the sub-themes to emerge through inductive data analysis thus enabling a mix of inductive and deductive analysis to respond to the research questions (DSD 2009: 26-41, Hancock & Algozzine 2011:67, DSD 2009: Chapter 3). Within each sub-theme a number of categories and subcategories of findings emerged through inductive data analysis to nuance the themes and sub-themes (TerreBlanche, Durrheim & Painter 2014:94-100; Hancock & Algozzine 2011:68, DSD 2009: Chapter 3, Mason 2008:84, Chipunga & Bent-Goodley 2004:73). All the coding was saved electronically for an audit trail. The data analysis involved drilling down to the words and phrases in the transcripts and then aggregating the data into subcategories of issues, processes, procedures, then into categories namely decision-making processes, decisions and factors influencing social workers’ decision-making to avoid large amounts of micro-analysis (Anney 2014:272).

The data analysis process was extremely time consuming because each of the three data sources had to be analysed independently and then aggregated and consolidated into a single integrated data analysis that enabled comparisons to be made for the two sectors namely government (DSD) and the NGOs. As the researcher previously mentioned, dependability was enhanced by the use of an independent coder and she also used peers to review the data analysis and provide feedback on the researcher's reflexivity and to identify gaps in the data collection process and analysis (Guba & Lincoln 1989:1-15). In the process of data collection and data analysis the researcher was very conscious of any temptation for personal perspectives creeping into the processes and thus controlled for reflexivity by using an independent transcriber to transcribe the audio recordings so that the transcripts captured the participants responses as accurately as possible, which the researcher quality checked to confirm the accuracy of the transcriptions. She used an independent coder to independently analyse the data concurrent with her analysis to ensure objectivity and accuracy in the analysis and to strengthen dependability of the findings. She tried to be as transparent as possible about the processes, creating an audit trail or chain of evidence, showing the appropriateness of the methodology and giving a thick description of the data collection process and analysis (Hancock & Algozzine 2011:67). She then recorded the decisions made, the decision-making processes, and the factors that influenced the decisions during each stage and phase of foster care services to develop the decision-making matrix to assist social workers in decision-making in foster care. In the next section data verification will be discussed.

3.9. APPLICATION OF DATA VERIFICATION

In the foregoing paragraphs aspects of trustworthiness were already discussed and will be continued in greater depth in this paragraph. Trustworthiness in qualitative research is defined as the degree of confidence qualitative researchers have in their data, assessed by using the criteria of credibility, transferability, dependability, and

confirmability as alternative constructs to the validity and reliability in quantitative studies (Guba & Lincoln 1989:1-2; Anney 2014:275; Shenton 2004:70).

Credibility is defined as the confidence that can be placed in the truth of the research findings (Anney 2014:276). Credibility was attained by prolonged engagement in the field, triangulation of data sources and data collection methods from multiple and different types of data sources namely, case files, social workers and supervisors and different methods of data collection namely, case file analysis and interviews. The recorded data was transcribed by an independent transcriber. The transcripts of the data collection were sent to each participant to confirm the correctness of the content. The data analysed from the case files was verified with participants during the interviews. Credibility refers to the idea of internal consistency, where the core issue is “how to ensure rigor in the research and how to communicate this to others” (Lincoln & Guba 2000:163-188). The collective case study design enabled data to be collected from several sites across several cases and from two types of contexts, allowing for the comparison and cross referencing of the information for credibility.

Transferability is defined as the degree to which the results of a qualitative study can be transferred to other contexts with other respondents (Anney 2014:272-281). Transferability is the confidence readers have with the context of the research study to be able to transfer the results and conclusions to other situations (Shenton 2004:70). The collective case study design was used in this study, drawing cases from two types of organisations that functioned independently of each other. Findings could be compared between cases and across cases. The researcher provided a thick description of the research methodology, processes of data collection and the data analysis. The selection of the participants was based on purposive sampling and the criteria for their selection was explicit and related directly to the research question (Marshall & Rossman 2016:46-47; Guba & Lincoln 1989:1-15).

Dependability is defined as the stability of the findings over time (Anney 2014: 272-281). The researcher established an audit trail and can account for all the research decisions and systematically show how the data was collected and analysed. (Marshall & Rossman 2016:46-47). The data passed the test of step-wise replication

because both the researcher and an independent coder analysed the same data separately and the results are similar (Guba & Lincoln 1989:1-15). The researcher used her colleagues to review the data and provide feedback on the researcher's reflexivity and gaps in the processes of data collection and data analysis. The transcripts were given to the participants to confirm the accuracy and the completeness of the information and there was very little input.

Confirmability refers to the degree to which the results of the research can be confirmed or corroborated by other researchers (Anney 2014:272-281). The findings where similar research was conducted was collaborated for concurrence or lack of concurrence. The researcher kept a reflexive journal of all the happenings in the field and personal reflections in relation to the study (Guba & Lincoln 1989:1-15, Marshall & Rossman 2016:46-47). Confirmability, or objectivity of the findings will be achieved by the use of reflexivity (Hesse-Biber & Piatelli 2007:493). In this study the researcher works in the same sector as the participants and whilst she is not directly involved in the line of authority with the participants she does have influence in terms of influencing change in the field. The researcher was consciously aware of her role in the sector and of situations where participants tried to impress her or were weary of her. The researcher had emailed the findings and the matrix to the participants in government and NGOs to test the matrix and confirm the report however due to Covid-19 many social workers were working from home and were unable to respond to the request due to the lack of access to work emails. However further contact will be established with participants to confirm the report and the matrix.

The following section focuses on a discussion of ethical considerations and how they were applied in this study.

3.10. THE ETHICAL CONSIDERATIONS DURING THE RESEARCH IMPLEMENTATION

In the following paragraphs the ethical considerations that were implemented in conducting this study to conform to the standards for protecting participants are

discussed (Matthews & Ross 2010:710; Loseke 2017:43). In Chapter One the standards for ethical compliance were discussed extensively and in this chapter the researcher demonstrates how it was applied to in practice.

3.10.1 Informed Consent

Informed consent is about the participants agreeing to participate in the research after receiving all the information about the research (Thomas 2011:69; Matthew & Ross 2010:73). Participants were informed through the provision of information such as the information sheet about the study, compiled and given to each participant, client and the child or children whose case file was analysed, the approval letter from the Gauteng DSD and a copy of the ethics clearance certificate. The participants and the clients were also provided with consent forms and assent forms for the child or children referred to in the case file. The researcher sent the information to the participants one month in advance of the briefing meeting, giving them time to read and prepare for the meeting. The researcher briefed each participant in person about the purpose of the research study and again provided and explained the information sheet. The researcher informed the participants that she will only commence with the data collection after the client and child or children were briefed about the research and their consent and assent forms were signed. The participants signed their consent forms in the presence of the researcher on the day of the interviews. However, the return of the consent and assent forms of the client and the child or children before the case files could be analysed or interviews commenced was mandatory.

At the briefing meeting participants were informed that their participation was voluntary and that they could withdraw their consent to participate without any consequences before the date of the scheduled interviews (Reamer 2013:42). One participant exercised this right and withdrew her participation. Before the researcher commenced with the interviews, she ensured all the necessary consent and assent forms were duly signed and that all concerns and questions were answered and that the participants committed to the research fully and of their own free will.

3.10.2. The Protection of Privacy, Confidentiality and Anonymity

During the briefing meeting with the participants and before the signing of the consent forms and the commencement of the interviews, the researcher explained to the participants about the confidentiality of the information they provided, and the protection of their anonymity. Privacy was defined as “the non-interference in individual’s thoughts, knowledge, acts, associations and property” (Reamer 2013:42). Protection of privacy is defined as the researcher determining from participants if they wish to have their names disclosed in the publication of the report by Hoonard (cited in Tolich 2016:67). Participants were informed that no reference would be made to their person or locality. Their identity would be protected with the use of fictitious names and all information that they provided would be referenced with codes (Reamer 2013:42). The independent transcriber and the independent coder were not given any information on the identity of the participants and were requested to sign an undertaking of confidentiality and protection of information agreement with respect to the data transcribed and analysed respectively (see Addendum L and K).

3.10.3. Preventing Harm and Distress

No research should cause harm and distress to the participants and service users. It should contribute to the benefit of participants (Walliman 2011:261). The researcher works in the social sector and is familiar with the professional code of ethics, rules, code of conduct of the workplace and of the profession of social work. She observed these codes fully during the fieldwork to ensure no harm and distress was caused to the participants (Marshall & Rossman 2016:52). Whilst she analysed the case files and interviewed the social workers and supervisors working on a specific case, she did not have any direct contact with clients and therefore may not have had the complete picture of the reality and its emotional impact on the participants. Therefore, the researcher assured the participants that should any question make them uncomfortable they could state so and she would not pursue a response.

There were no complaints of stress or undue hardship arising from the research conducted. During the briefing sessions with the participants, the researcher informed

them about the availability of the debriefer should they require her services and provided them with her contact details. At the conclusion of the fieldwork, no complaints of harm and distress were received from the participants and no one contacted the debriefer for assistance.

3.10.4 Beneficence

The justice principle states that the population that is studied should benefit from the research and assure participants that they are selected for research reasons and not for personal reasons (Marshall & Rossman 2016:52; Ragin & Amoroso 2011:89; Walliman 2011:261). The only risk to participants was that social workers might have felt uncomfortable that their decision-making processes relating to foster care services was being researched. It was clearly explained to the participants that the focus of the study was not to assess them or their decisions, but to understand the factors influencing the decisions and to develop a matrix to guide decision-making in this regard. It was stressed that information read in case files would be kept confidential and only used for the purposes of this study.

3.10.5 Conflicts of Interest and Relationship Boundary Issues

The researcher during the data collection process kept to her role as a student/researcher and kept her role as a senior manager in the sector completely separate and offered no advice or information on practice issues (Engel & Schutt 2014:5-8). The researcher did not prioritise data collection over the well-being of participants and was very patient with participants even when she was made to travel to interviews several times when they were cancelled after waiting for hours for the supervisors (Marshall & Rossman 2016: 51; Reamer 2013:51). She used reflexivity to stay aware of the possible influence that her work interest could have on her role as a researcher. She respected the rights of the participants to give priority to their work over the research and exercised patience.

3.10.6. Management of Information

The researcher has the sole custody of the identifying information of the participants and the recordings. She keeps this information fully protected and confidential in a drawer in the privacy of her home, under lock and key (Hoonard cited in Tolich 2016:67). The researcher used independent persons for the transcribing and coding of the data to ensure that the data reflects the reality as accurately as possible (Marshall & Rossman 2016:55; Walliman 2011:258). The final report will acknowledge the contributions of all that resulted in the final product. The raw data was converted into PDF's and will be stored electronically in a file that is password controlled for a period of five years, safe from unauthorised access, accidental loss and destruction. The hard copies of the raw data will be shredded and burned after completion of the research. After five years the electronic copy of the data will be permanently deleted (Matthew & Ross 2010:79).

3.10.7. Debriefing of Participants

At the briefing meeting with participants and at the conclusion of each interview the researcher provided participants with the opportunity to clarify any misconceptions or ambiguities, add to their input and express any adverse impacts of the interview. (Hollway & Wheeler 1998:46). All participants were given an opportunity and information to participate in a debriefing session with a debriefer (see Addendum H) but none took up this opportunity or expressed a need for it.

3.11. REFLEXIVITY

Reflexivity means that the researcher takes constant stock of her actions and her role in the research process and subject these to the same critical scrutiny as the rest of the data (Lichtman 2014: 31; Hennink et al 2011:21). It explores the intersecting relationship between existing knowledge, the researcher's experience, her role and the world around her. The researcher formulated a theoretical understanding of decision-making and even though it was explained to the participants, she did

anticipate their difficulties in aligning their daily activities to the theoretical framework. The subject matter of the study is a highly sensitive area that can result in deep emotions and she had to constantly be aware of her role as a student and not be judgemental about the quality of decisions and the choices social workers made.

The participants within government were aware of her position in the sector and she could sense a level of apprehension, especially from the supervisors who expected to be judged considering they were being severely criticised and even threatened with dismissal for the backlogs in the extension of the foster care orders, at the time of the interviews. The researcher was at the time not aware of the underlying currents but did work through the resistance by acknowledging the participants' extensive experience and dedication to service, and the enormity of the workload without condoning irresponsibility. The framing of reflexivity encouraged her to reflect upon assumptions about the world that had been made in the course of the research, for example the assumption that foster care is a straight forward process and that the workload can be easily quantified (King et al 2019:174-175).

As the study was an exploratory study, there were no assumptions about findings, but qualitative interviewing in itself was a highly personal activity that necessitated critical self-reflection at all stages of the research process which the researcher tried to exercise as well as she could (King et al 2019:177). The interpretative approach acknowledges subjectivity (Hennink et al 2011:17). It acknowledges that the perspectives of the participants reflect their subjective views and unique experiences of their social world and the researcher also brings her subjective influences to the research processes, particularly during data collection and interpretation. The interpretative approach acknowledges that the researcher's background, position and emotions are an integral part of the process of producing the data (Hennink, et al 2011:17). The researcher had to be mindful of many issues that could impact on the research and the participants. The area of research was a sensitive one. Most humans are very emotional about children's well-being. The researcher had to constantly remind herself of this because when she read how children were harmed by some of the decisions made, it was very difficult to stay judgement-free.

3.12. CHAPTER SUMMARY

This chapter covered the journey through the research methodology from the philosophical underpinning of the research, to the research approach, the research design and the research methods used to gather the evidence to answer the research questions. The study was qualitative using the collective or multiple case study design. The data sources were case files, social workers and their supervisors rendering foster care services employed by government and NGOs. The data collection methods used in this study to gather the data to construct new knowledge and add to the social reality, were semi-structured interviews with participants and case file analysis. The methodology tried to answer the what, why and how questions of the investigation or exploration into the factors influencing the decision-making processes of social workers rendering foster care in Gauteng. Purposive sampling was used to select the participants in this multiple case study, although the selection of the participants was largely independent of the researcher. In the data analysis both the top down or deductive analysis drawing on the literature review to develop the themes, and the bottom up approach or inductive analysis using codes to develop the sub-themes, categories and sub-categories, were used to create a holistic picture in formulating the findings in answer to the research questions. The application of data verification was addressed and the chapter concluded with the application of the ethical considerations.

CHAPTER 4: RESEARCH FINDINGS: FACTORS INFLUENCING THE DECISION-MAKING PROCESSES OF SOCIAL WORKERS RENDERING FOSTER CARE SERVICES IN GOVERNMENT AND NGOS

4.1. INTRODUCTION

In this chapter the findings of the research are presented in response to the research questions with the realisation of the following objectives:

- To explore and describe the decision-making processes of social workers during assessment, placement and supervision, in rendering foster care services.
- To explore and describe factors influencing the decisions made by social workers during assessment, placement and supervision, in rendering foster care services.
- To ascertain suggestions from social workers and supervisors on the content of a decision-making matrix that should guide the decision-making processes of social workers rendering foster care services.
- To develop a decision-making matrix that should guide the decision-making processes of social workers rendering foster care services.

The first research question set for the study was, “What are the factors that influence the decision-making processes of social workers during assessment, placement and supervision in rendering foster care services?” The answer to this question results in the completion of the first two of the abovementioned objectives. The second question is “What should the content of a decision-making matrix be to guide the decision-making processes of social workers rendering foster care services?” This question is answered by the completion of the third and fourth objective of the study. The findings in response to the answers for the two research questions are discussed in the following paragraphs. In the next section the researcher provides a description of the participants.

4.2. DESCRIPTION OF THE PARTICIPANTS OF THE STUDY

In Chapter One (paragraph 1.7.3) the criteria for the purposive selection of the participants are discussed in detail. In the following section the characteristics of participants, social workers and supervisors are summarised in Tables .1 and 4.2 below and a rationale is provided for any deviation from the pre-determined criteria. In the analysis, government (DSD) is identified by the code alphabet A with a number for the district and the NGOs by the alphabet B with the corresponding number for the district.

In order to protect the anonymity of the participants' pseudo - names will be used for them in the text. The following tables depict pseudo – names and codes for the social workers in government (DSD) and NGO's.

TABLE 4.1: DEMOGRAPHIC CHARACTERISTICS of the SOCIAL WORKERS (PARTICIPANTS)

GOVERNMENT SECTOR							
Name	Codes for names	Case No	Gender	Race	Year of Experience in FCS	Qualification	Position
Helen [SW1]	H	A1	F	A	7	B.Hons SW	Intake to Supervision and reunification
Boitumelo [SW1]	B	A2	F	A	4	B.Hons SW	Intake to Supervision and reunification
Anna [SW1]	A	A3	F	A	6	BSW	Intake
Fikile [SW2]	F	A3	F	A	21	B.Hons SW	Investigation to

							Supervision/ reunification
Queen [SW1]	Q	A4	F	A	5	B.Hons SW	Supervision and Reunification
Mike [SW2]	M	A4	M	A	13	BA(SW)	Intake to Placement
Gail [SW1]	G	A5	F	A	12	BA(SW)	Intake to Supervision/ reunification
NON-GOVERNMENT SECTOR							
Joyce [SW1]	J	B1	F	A	7	BA.Hons.SW	
Noreen [SW1]	N	B2	F	A	7	BSW	Reunification
Pamela [SW2]	P	B2	F	A	2	BSW	Supervision
Vera [SW1]	V	B2	F	A	4	BA(SW)	Risk assessment and family preservation
David [SW1]	D	B3	M	W	3	Masters in Child Protection, Hons in Psychology	Intake, fieldwork and supervision.
Tebogo [SW1]	T	B4	M	A	3	BA Hons SW. LLB	Intake, investigation and placement
Yolande [SW2]	Y	B4	F	A	3	BA Hons SW	Supervision and reunification.

Elda [SW1]	E	B5	F	W	6	BSW	Intake to Supervision/ Reunification
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The following table depicts the pseudo-names and codes for the supervisors in government (DSD) and NGO's.

TABLE 4.2: DEMOGRAPHIC CHARACTERISTICS of the SUPERVISORS (PARTICIPANTS)

GOVERNMENT SECTOR							
Name	Code for names	Case No.	Gender	Race	Years of Experience in Supervision	Qualification	Position
Ida [A1 S1]	I	A1	F	A	7	BA Hons, MA in health care	Intake to Supervision/ reunification
Winnie [A2 S1]	W	A2	F	A	4	BA Hons(SW)	Intake to Supervision/ reunification
Lerato [A3 S1]	L	A3	F	W	7	BA(SW)	Intake to Supervision/ reunification
Rose [A4 S1]	R	A4	F	A	31	BA(SW)	Intake to Supervision/ reunification
Zara [A5 S1]	Z	A5	F	A	4 months	BA Hons (SW)	Intake to Supervision/ reunification
NON-GOVERNMENT SECTOR							

Unathi [S1]	O	B1	F	W	7	BA Hons (SW)	Intake to Supervision/ reunification
Olga [S1]	U	B2	F	A	7	BSoc.	Intake to Supervision/ reunification
Crystal [S2]	C	B2	F	A	15	BA(SW)	Risk assessment and family preservation
Xola [S1]	X	B3	F	C	24	BA(SW)	Intake to Supervision/ reunification
Sizwe [S1]	S	B4	M	A	3	BA SW (Hons) in Zim.	Intake to Supervision/ reunification
Tanya [S1]	T	B5	F	I	4 months	BSW	Intake to Supervision/ reunification

Several authors (Kirkman & Melrose 2014:13; Bruce 2013:9; Sullivan 2011:63) state that professional development and experience influence social workers' decision-making processes. Contrary to the foregoing, a study by Tupper et al (2017:12) found that that social workers' experience and the nature of their employment made no difference to their decision-making processes. Another study by Collins and Daly (2011:30) found the existence of team or group biases influenced decision-making processes more than individual biases, experience or qualifications. In terms of the demographic data of the participants in this study, there was no significant difference between the participants from government (DSD) and NGOs. Both sectors employed social workers and supervisors of all races and both the genders. Black African women seemed to be in the majority in both government and NGOs. The social workers employed in the NGOs tended to be relatively younger, with slightly less years of experience than those in the government sector

(DSD). The participants in both sectors had similar qualifications except for one social worker in a NGO and one supervisor in the government sector that had post-graduate qualifications. Whilst there were no differences in years of experience with supervisors between government and NGOs, there was just one supervisor in a NGO who had less than six months experience as a supervisor (**Tanya:S1,B5**). She was the only supervisor in the organisation at that time. The participants in this study were a relatively homogenous group in terms of educational qualifications and experience because of the criteria for the purposive sampling. Hence significant variations in decision-making processes among the participants are not likely to be attributed to the variations in the characteristics of the participants. In the following section the researcher provides a brief summary of the data analysis.

4.3. VISUAL REPRESENTATION OF THE THEMES, SUB-THEMES, CATEGORIES AND SUB-CATEGORY OF FINDINGS

Figure 4.1 illustrates a broad visual description of the themes, sub-themes and categories in the data analysis in response to the research questions. Table 4.3 provides a detailed tubular description of the themes, sub-themes, categories and sub-categories of findings which were developed through a mix of deductive and inductive data analysis (Ragin & Amoroso 2011:60).

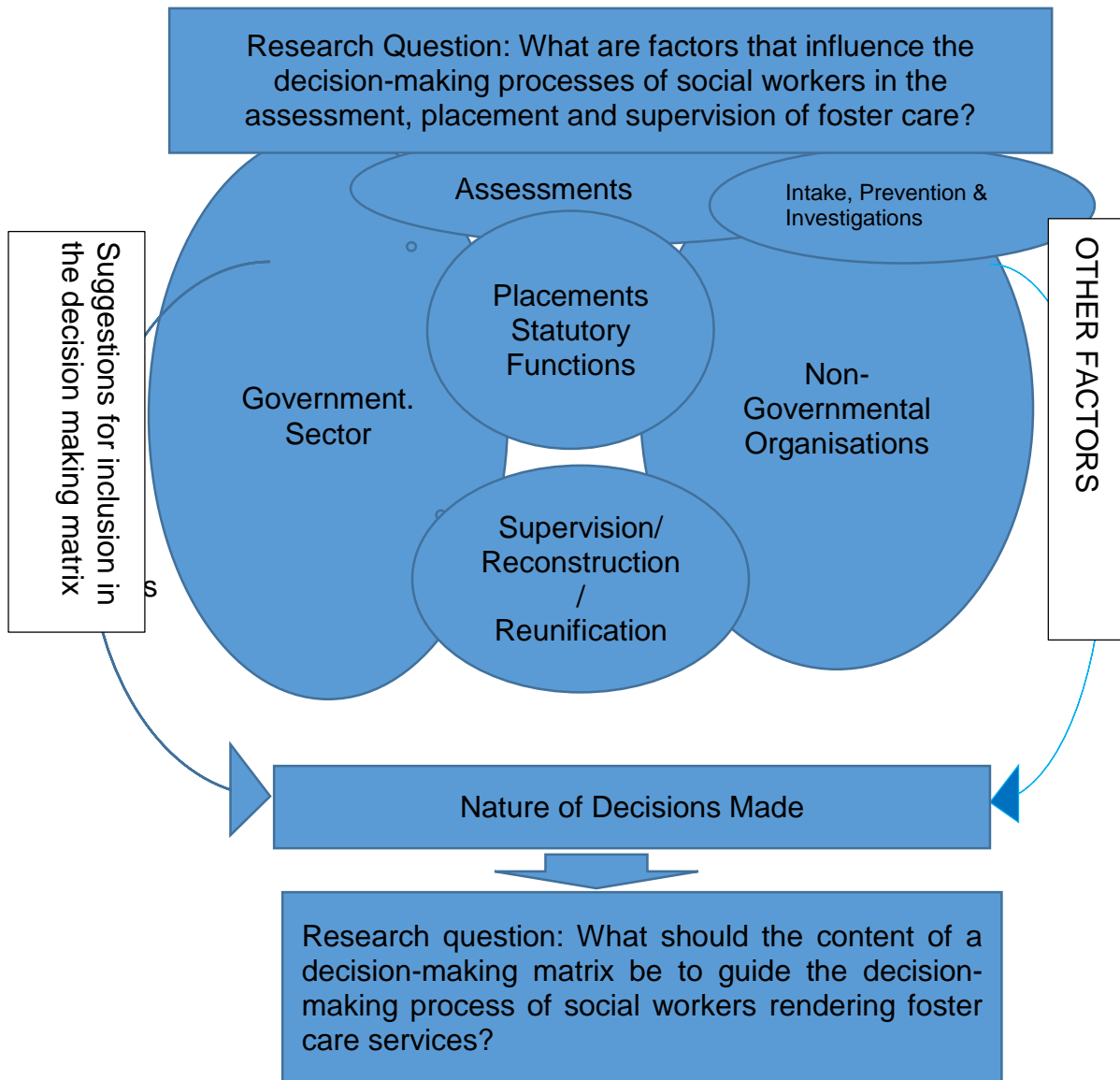


FIGURE 4.1: VISUAL REPRESENTATION of the FINDINGS AS RELATED to the RESEARCH QUESTIONS

The findings for the sub-themes, categories and sub-categories were embedded in specific situations and too complex to be depicted graphically hence only the themes are indicated. Theme one is the participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the assessment (intake, prevention and early intervention, and investigations stages), as well as the phase of foster care services. Theme two is the

participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making, and the nature of decisions made by social workers during the placement phase of foster care services. Theme three is the participants' descriptions of the decision-making processes, the decisions made, the factors influencing decisions—making and the nature of decisions made by social workers during the supervision phase of foster care services. Theme four is the participants' descriptions of other factors that influence decisions in foster care services. Theme five is the suggestions from participants on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services. In the next sections the researcher will discuss the findings according to each theme and its disaggregation into sub-themes, categories and sub-categories. In analysing the findings, the researcher had to visit the data repeatedly to ensure the interconnectivity of analysis, keeping in mind not to be too vague or too micro-analytical, ensuring the accuracy of the interpretations at every step of the process and comparing the findings with existing literature.

4.4. DISCUSSION OF THE FINDINGS

The following table provides a summary of all the themes, sub-themes, categories and sub-categories.

TABLE 4.3 SUMMARY of the FINDINGS in terms of THEMES, SUB- THEMES, CATEGORIES and SUB-CATEGORIES

Theme	Sub-Themes	Categories	Sub-Categories
Theme One: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the assessment (intake, prevention and early intervention, and investigations	Sub-theme 1.1. Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the intake stage of foster care	Category 1.1.1. The decision-making processes during the intake stage of foster care services	<p>Sub-category 1.1.1.1. Collection of the relevant information for decision-making during the intake stage of foster care services</p> <p>Sub-category 1.1.1.2. Techniques used for decision-making processes during the intake stage of foster care services</p> <p>Sub-category 1.1.1.3. Assessment tools used for decision-making processes</p>

stages), phase of foster care services			<p>during the intake stage of foster care services.</p> <p>Sub-category 1.1.1.4. Use of other professionals in decision-making processes during the intake stage of foster care services</p>
		Category 1.1.2. The decisions made during the intake stage of foster care services	<p>Sub-category 1.1.2.1. Pre-screening of the application: determining the problem and whether the child is in need of care and protection</p> <p>Sub-category 1.1.2.2. Decisions to urgently remove a child/ren to TSC during intake</p> <p>Sub-category 1. 1.2.3. Recommendation to open a file and register a case</p>
		Category 1.1.3. The factors influencing decision-making during	Sub-category 1.1.3.1. Exclusive reliance on the information provided by the client

		the intake stage of foster care services	<p>Sub-category 1.1.3.2. The referring source</p> <p>Sub-category 1.1.3.3. Pre assessment of the financial situation of the prospective family</p> <p>Sub-category 1.1.3.4. Protection of grandmothers against abusive parents</p> <p>Sub-category 1.1.3.5. Urgency or severity of case</p> <p>Sub-category 1.1.3.6. Personal values of the social worker and decision-making</p>
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		Category 1.1.4. The nature of decisions made during the intake stage of foster care services	
	Sub-theme 1.2. Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the prevention and early intervention stage of foster care services	Category 1.2.1. The decision-making processes during the preventive and early intervention stage in foster care services	<p>Sub-category 1.2.1.1. Tools used during preventive services</p> <p>Sub- category 1.2.1.2. Group work and community work</p> <p>Sub-category 1.2.1.3. Involvement of other professionals</p> <p>Sub-category 1.2.1.4. Interviews, referrals for services and award of social relief</p>

		Category 1.2.2. The decisions made during the prevention or early intervention stage of foster care services	<p>Sub-category 1.2.2.1. Keeping the child within the family</p> <p>Sub-category 1.2.2.2. Removing the child into TSC as prevention and early intervention</p>
		Category 1.2.3. The factors influencing the decision-making during the prevention and early intervention stage of foster care services	<p>Sub-category 1.2.3.1. Parents' unwillingness to cooperate</p> <p>Sub-category 1.2.3.2. Poverty and illness</p> <p>Sub-category 1.2.3.3. Interference from politicians</p>
		Category 1.2.4. The nature of decisions made during the	

		prevention and early intervention stage of foster care services	
	Sub-theme 1.3. Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the investigation stage of foster care services	Category 1.3.1. The decision-making processes during the investigation stage of foster care services	<p>Sub-category 1.3.1.1. Home visits</p> <p>Sub-category 1.3.1.2. School visits and reports</p> <p>Sub-category 1.3.1.3. Office and telephonic interviews</p> <p>Sub-category 1.3.1.4. Tools used during the investigation stage</p> <p>Sub-category 1.3.1.5. Involvement of other professionals</p>

		Category 1.3.2. The decisions made during the investigation stage of foster care services	
		Category 1.3.3. The factors influencing decision-making during the investigation stage of foster care services	<p>Sub-category 1.3.3.1. Rely on information given by clients and child</p> <p>Sub-category 1.3.3.2. Age gap between foster parent and child</p> <p>Sub-category 1.3.3.3. Children are coached on what to say to the social worker</p> <p>Sub-category 1.3.3.4. Insufficient risk assessment at intake</p>

			Sub-category 1.3.3.5. Compliances with the legal requirements
		Category 1.3.4. The nature of decisions made during the investigation stage of foster care services	
Theme Two: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making, and the nature of decisions made by social workers during the placement phase of foster care services	Sub-theme 2.1. The decision-making processes during the placement phase of foster care services	Category 2.1.1. Submission of the report and all the relevant documents in terms of the legislative and court requirements for a court hearing	
		Category 2.1.2. Preparation of the child and potential foster	

		parent for the hearing and placement	
		Category 2.1.3. Tools used during the placement stage	
		Category 2.1.4. Involvement of other professionals	
	Sub-theme 2.2. The decisions made during the placement phase of foster care services	Category 2.2.1. To place the child in foster care (related or unrelated)	
		Category 2.2.2. Application for the Foster Child Grant	

	Sub-theme 2.3. The factors influencing decision-making during the placement or statutory phase of foster care services	Category 2.3.1. Willingness of potential foster parent to care for the child	
		Category 2.3.2. Prior experience with foster care and suitability of potential foster parent	
		Category 2.3.3. Different interpretations of the law and court procedures	
	Sub-theme 2.4. The nature of decisions-made during the		

	placement phase of foster care		
Theme Three: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decisions-making and the nature of decisions made by social workers during the supervision phase of foster care services	Sub-theme 3.1. The decision-making processes during the supervision phase of foster care services	Category 3.1.1. Tools used for decisions-making during the supervision phase of foster care services	
		Category 3.1.2. Involvement of other professionals in decision-making during the supervision phase	
	Sub-theme 3.2. The decisions made during the	Category 3.2.1. Extending lapsing	

	supervision phase of foster care services	foster care court orders	
		Category 3.2.2. No records of existing orders and opening of a new inquiry	
		Category 3.2.3. Transfer of children to another placement	
		Category 3.2.4. Extending placements for foster children beyond 18 years	
	Sub-theme 3.3 The factors influencing decision-making during the supervision	Category 3.3.1. Non - disclosure of information by relatives	

	phase of foster care services		
		Category 3.3.2. Child's contact with biological parents	
		Category 3.3.3. Lack of co-operation from foster parents	
		Category 3.3.4. Social workers are not motivated and high turnover of staff	
		Category 3.3.5. Social workers being unable to inform children about their chronic conditions	

		Category 3.3.6. Social workers' contact with foster children	
	Sub-theme 3.4. The nature of decisions- made during the supervision phase of foster care services		
Theme Four: Participants' descriptions of other factors that influence decisions in foster care services	Sub-theme 4.1 Lack of an integrated child protection system		
	Sub-theme 4.2 The best interest of the child		
	Sub-theme 4.3 Time-consuming policies and procedures		
	Sub-theme 4.4 Lack of organisational resources for		

	social worker to deliver foster care services		
	Sub-theme 4.5 Threats to safety and security of social workers		
	Sub-theme 4.6 The status of foreign children		
	Sub-theme 4.7 Lack of training and attrition of trained social workers		
	Sub-theme 4.8 Challenges social workers experienced working in communities		
	Sub-theme 4.9 Social workers considered the solution to all problems and specialist in none		

	Sub-theme 4.10 Relationships between role players in decision-making in foster care		
	Sub-theme 4.11 Lack administrative support for social workers		
	Sub-theme 4.12 High caseloads, high workloads and backlogs		
	Sub-theme 4.13 Supervision of social workers	Category 4.13.1 Frequency of supervision	
		Category 4.13.2 Involvement of the supervisor in decisions-making during the different	Sub-category 4.13.2.1 Involvement of supervisor in decision-making during the intake stage of foster care services (Assessment Phase)

		phases and stages of foster care	
			Sub-category 4.13.2.2 Involvement of supervisor in decision-making during the prevention and early intervention stage of foster care services (Assessment Phase)
			Sub-category 4.13.2.3 Involvement of supervisor in decision-making during the investigations stage of foster care services (Assessment Phase)
			Sub-category 4.13.2.4 Involvement of supervisor in decision-making during the placement phase of foster care services
			Sub-category 4.13.2.5 Involvement of supervisor in decision-making during the supervision phase of foster care services

		Category 4.13.4 Social workers response on the lack of supervision	
	Sub-theme 4.14 Participants' descriptions of how foster care services are structured at their offices in government and NGOs	Category 4.14.1 Participants' description of the structure of foster care services in government	
		Category 4.14.2 Participants' description of the structure of foster care services in NGO's.	

Theme Five: Suggestions from participants on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services	Sub-theme 5.1 Suggestions from participants in government on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services	Category 5.1.1 Suggestions from social workers in government on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services	
		Category 5.1.2 Suggestions from supervisors in government on the content of a decision-making matrix to guide the decision-making processes of social	

		workers rendering foster care services	
	Sub- theme 5.2: Suggestions from participants in NGOs on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services	Category 5.2.1 Suggestions from social workers in NGOs on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services	
		Category 5.2.2 Suggestions from supervisors in NGOs on the content of a decision-making matrix to guide the decision-making processes of	

		social workers rendering foster care services	
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The five broad themes identified in the findings are:

Theme One: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the assessment (intake, prevention and early intervention, and investigations stages) phase of foster care services

Theme Two: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the placement phase of foster care services

Theme Three: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions during the supervision phase of foster care services

Theme Four: Participants' descriptions of other factors that influence decisions in foster care services

Theme Five: Participants' suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers

The concepts used throughout the themes are briefly summarised in this paragraph. Decision-making processes are defined as the steps taken to make a choice amongst competing alternative options with an awareness of the risks associated with each option and that all the attributes of the choice should be considered in an integrated manner (Zio & Pedroni 2012:1; Lunenberg 2010:1). A decision is defined as an "intentional choice made from a number of alternative possibilities that will result in some effect" according to Van Bemmelen & Helder (cited in Proctor [sa]:1). Social work decisions are defined as "professional judgments based on limited information while operating within the parameters of respectable uncertainty and healthy scepticism" (Thompson 2014:1-2). In a study by Bliss (2011:3) factors are defined "as components such as knowledge, attitudes and practices". Factors can also be defined as "variables such as social worker attributes, values, beliefs, organisational, environmental characteristic, policy and practice guidance, training, administrative support, resources and capacity that results in variations in decision making strategies" (Hackett & Taylor 2014:1). Skilled intuition according to Kirkman & Melrose (2014:45) is when social workers depend on their expertise, training, experience, procedures, knowledge, gained from reading that over

time becomes an unconscious embodied knowledge, to guide their decision-making process which is also referred to as tacit knowledge by O'Sullivan (2011:126). Analytical decision-making is described as professional judgments based on explicit knowledge, like research, evidence and sound reasoning utilising robust assessment tools (Taylor 2012:546). Mixed decision-making theory or professional wisdom is the way social workers make decisions through a combination of intuition and analysis, using multiple sources of knowledge, while competently managing their emotions. The concept includes but is not restricted to experiential knowledge developed through practice experience (O'Sullivan 2011:83).

In the next section Theme One will be discussed with reference to literature control.

4.4.1 Theme One: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the assessment (intake, prevention and early intervention, and investigations stages) phase of foster care services

The assessment phase is the most critical phase in foster care that informs the decisions that must be made in respect of the child's best interest, safety, care and protection (Brown 2014:33; Ney, Stoltz & Maloney 2013:186; Milner & O'Bryan 2009:4; Beckett 2007:170). The assessment phase is conducted in three stages namely intake, prevention and early intervention, as well as investigation (DSD 2009: Chapter 3). Although three stages in the assessment phase are identified, assessment is a continuous process conducted during each of the phases in rendering foster care, to determine if a child is in need of care and protection or if it is in the best interest of child to be found in need of care and protection, to be placed in alternate care, one option being foster care, the other being a child and youth care centre, and whether the foster parents are suitable caregivers (Moore et al 2016:120; Munro 2008:107; Coulshed & Orme 2006:15; Buckley 2003:63). In terms of the assessment framework used by government (DSD), the assessment of a child in need and care must be conducted within four weeks of placement (DSD & UNICEF 2012 78).

The Children's Act 38 of 2005 sets the broad parameters for a child to be found in need of care and protection and placed in alternate care but the decision-making processes to

do so must be guided by the social workers' professionalism in integrating the various types of knowledge to make a holistic judgement of the situation (Collin & Daly 2011:19). There are two documents that further guide the assessment of children during foster care services. First the Guidelines on the Management of Foster Care in South Africa (2009), which states that assessment is the process of making informed decisions and that the informed decisions must consider all the issues that impact on the child (DSD 2009:30), and second, the assessment tool that must be used by social workers to assess children in need of care and protection holistically (DSD & UNICEF 2012:36). In addition to the risk and safety assessment tool, other types of assessment tools are also used by social workers such as genograms, the Heimler, Cane and Circle of Courage which are described further in the Sub-category 1.1.1.3.

Three sub-themes are discussed:

- Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the intake stage of foster care services.
- Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the prevention and early intervention stage of foster care services.
- Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the investigation stage of foster care services.

In the next section the sub-theme discussing the descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the intake stage of foster care in government and NGOs that emerged from inductive analysis of the participants' responses and case file analysis, is discussed.

4.4.1.1 Sub-theme 1.1: Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the intake stage of foster care

Intake is defined as the process of the initial assessment of the client (Alex 2018:1; Glasson 1965:1). This occurs at many levels from the intuitive to the thorough analysis of data that a client will provide. It can also take the form of a careful evaluation of a client's economic background to determine eligibility of a family for foster care. The initial assessment or screening can determine if the client meets the criteria for support. There might also be a rapid determination of the severity of the situation, including if immediate safety is a concern. This screening process can use a standard tool or procedure to define if the client(s) meet the eligibility criteria and what their needs and strengths are. At this stage, the social service worker begins to build a trusting relationship with the client(s). Intake is thus a frontline decision-making process with relative autonomy in decision-making as will be explained in the following paragraphs (Lipsky 2010:16). This is done by listening carefully, being empathetic, asking thoughtful questions and considering what is being said (Global Social Service Workforce Alliance Case Management Interest Group 2018:10). In most cases intake is an office-based function except in cases of referrals for an urgent intervention of a child being abused, severely neglected or abandoned. The categories identified in this sub-theme were the decision-making processes, the decisions made and the factors influencing decision-making during the intake stage of the assessment phase in governmental (DSD) and NGOs.

4.4.1.1.1. Category 1.1.1. The decision-making processes during the intake stage of foster care services

Harvey (2007:1) defines a decision-making process as the systematic documentation of reasons for the selection of an action against other options. In both the government (DSD) and the NGOs decisions are made during intake on whether the referred child is in need of care and protection, whether the child should be removed to TSC and whether clients can serve as prospective foster parents. The researcher wanted to know how these decisions are made. The participants referred to the collection of information, techniques

and the tools used to gather the information as well as the involvement of other professionals and services in decision-making.

Sub-category 1.1.1.1. Collection of the relevant information for decision-making during the intake stage of foster care services

In the case of straight-forward applications for foster care by relatives and grandmothers, intake is primarily about the social worker collecting the relevant information to decide if a child is in need of care and protection and if the potential foster parent is suitable to foster the child (Alex 2018:1).

Helen, an intake social worker in government said: *“I listen to the client and then examine and collect the death certificates of the parents. I examine and collect the identity documents of the child and the prospective foster parent. I make copies of all the documents and then complete an intake form. I take the intake form to the supervisor. The supervisor opens a file, registers the file and she allocates the file to the area field social worker for investigations and placement”* [**Helen, A1:59-63**].

Sizwe a supervisor in a NGO stated *“The intake social worker will interview the client, gather the relevant information and inform the client that a follow up session is going to be either through a case conference or a home visit”* [**Sizwe, B4:93-96**].

A study by Enosh and Bayer-Topilsky (2015:1773) found that if a child is poor and at risk of abuse the child will most likely be removed from the home with poverty being the strongest predictor for out-of-home placement for children at risk. A similar decision-making process is found in this study when, during intake social workers respond to crises when a child is at risk of abuse, neglect and abandonment, they remove the child to TSC immediately. **Lerato** a supervisor in government explained:

“When it is a crisis there is a strong possibility it is a removal. Then the intake worker talks to me and I talk to the crisis worker and she may have to go out and investigate the home circumstances and that may be the start of foster care when the crisis worker goes out and investigates.” [**Lerato, A3:178-199**].

Fekile, a social worker in government added: *“The relevant documents are the most important factor that will influence me in taking the case forward and the nature of the case”* [**Fekile, A3:87-88**].

In the case of urgent removals, the social workers gather the preliminary evidence of the abuse by completing the medicals, and obtaining the approval from the DSD for the TSC and placement of the child, pending the investigations for the return of the child to the biological family or placing the child in alternate care. The decision-making processes are often made procedurally and intuitively. Kirkman & Melrose (2014: 8) state that decisions made rapidly, generally unconsciously, to events based on prior experience and knowledge gained over time are decision-making based on intuition. Quick decisions in the absence of analysis and complete information are decisions made on the basis of intuition (Collins & Daly 2011:4; O' Sullivan 2011:90).

Other social workers at intake, do not wait to collect all the relevant documents. They immediately pass the case on to the fieldworker to proceed to collect the documents whilst completing the investigations. **Helen**, a social worker in government stated:

“At intake I only to take down the information and give it to the supervisor to make a file and allocate the file to the field social worker. The fieldworker will collect the relevant documents and complete the placement” [Helen, A1:102-105].

Joyce, a social worker from an NGO confirmed: *“When the intake worker is finished with a case she refers it to the area social worker, who then does the investigations, collecting all the information you need for the court report. If it is straight forward kinship care placement, then I start immediately with the home visits” [Joyce, B3:38-41].*

Sub-category 1.1.1.2: Techniques used for decision-making processes during the intake stage of foster care services

The quality of decisions made should not only be based on the social workers' techniques but on a range of communication and personality skills as well (Brown: 2014:44). The participants in both government and NGOs used the same social work skills and processes to gather information to make decisions, such as listening, observation, confirmation, interpretation during home visits, school visits, office and telephonic interviews. In both government and NGOs social workers mainly used interview skills in the office to gather information for decision-making at intake as stated by **Crystal** a supervisor, in an NGO:

“Now how we get to where the child has to go, is based on the quick assessment that has to be done as to who’s there in the family to care for the child. We look at the family composition of the child and who the perpetrator of abuse is and where does the perpetrator stay because we do not want the perpetrator to have access to the child for further abuse. We explore a safe environment by interviewing relatives, explore unrelated placements or an institution. We conduct home visits to look at the home circumstances of the relatives and once we find a suitable placement we initiate a court enquiry.” **(Crystal, B2:99-108).**

Helen, a social worker in government said: *“The intake social worker listened to the paternal Aunt and decided to proceed with her request to place the child in her foster care so that she can access the foster child grant to care and support the child”* **[Helen, A1:54-56].**

This was confirmed by **Ida** a supervisor in government: *“The processes used at intake are mainly interviews and confirmation and verification of documentation. The skills the social worker uses are listening skills, observational skills and interpretative skills”* **[Ida, A1:101-103].**

However, in crisis intervention when the child must be removed to TSC, both observation and interview skills in a number of contexts, namely home, school and hospital visits, are used to gather information to support the social workers’ decisions that the child is in need of care and protection (Vanderfaeille et al 2016:362). The social workers’ decision-making processes at intake seems to be largely procedurally and skills-based. The procedures followed, if the client request for foster care in order to access the Foster Child Grant, are to determine if the child or children are orphans or abandoned, assess the lack of visible means of support or the financial situation of potential foster parent and recommend that the child be found in need of care and protection and placed in foster care, basing the decision on one reason only, which is that the child is an orphan or abandoned without visible means of support (Munro 2008:115). Munro (2008:115) states that intuitive decision-making processes are common in high work pressures and in emergency situations resulting in social work professionals within a social work environment not putting an effort to think about the case more comprehensively.

According to Collins & Daly (2011:3) social workers have also not made the change to technology to supplement their skills in obtaining and verifying information electronically,

so as to reduce contact time and enhance the quality of decisions in determining the best interest of the child. Placing reliance on just the traditional techniques (interviews and observations) results in intuitive decision-making which can be based on bias because of the social worker's familiarity with the environment, the nature of cases and the perceived low risks in some types of foster care applications (Tupper et al 2017:91; Dhludhlu & Lombard 2017:174; O' Sullivan 2011:85).

Sub-category 1.1.1.3 Assessment tools used for decision-making processes during the intake stage of foster care services

In an article by Alex (2018:1) she states that intakes in social service organisations are very structured and used as a screening process to determine eligibility, gather information from the client and assess the client's problem. All participants were asked what tools they used to assess the risk and the safety of the child, the child's need for the care and protection, and the child's best interests. In both the government and the NGOs the intake process is highly structured with standardised forms to collect the relevant information on the child, parents and potential foster parents as stated by **Ida**, a supervisor in government:

"The main form used at intake is the intake form. The form covers the details of the client and the child concerned, the presenting problem, the social worker's preliminary assessment, evaluation and recommendation" [Ida, A1:81-84].

Boitumelo another social worker added:

"The tool I use at intake is the intake form SWS02. I also use the intervention form which is SWS07. In this case there is no SWS07 because I had to act under emergency" [Boitumelo, A2:90-92]. "We do not use a risk assessment form and we do not do risk assessment at intake. We only use SWS 02, 03 and 07" [Boitumelo, A2:97-98].

A study by Enosh and Bayer-Topilsky (2015:1771) found children from low socio-economic groups were most likely to be assessed at risk and placed in alternate care. All participants in government and in three of the NGO's, B1, B4 and B5 used form 38 as prescribed by the Children's Act.38 of 2005 to collect information to formulate their assessment of the case and to compile the court report (DSD 2012:144; South Africa 2006:Form 38). Form 38 is the template to compile the social workers professional report

for court. None of the government cases and three of the NGO's did not complete any assessments for foster care applications. **Gail** a social worker in government, stated:

"I don't use any tools. I call my clients in and listen to their problems and together with them decide what would be the best solution to their problem. In straight forward foster care applications, I know what information is necessary for the court, I just get that information. As long as the court says that you have included all that is necessary I do just that... The training and foster care manual on the foster care processes guide my data gathering and assessment" [**Gail, A5:101-110**].

Joyce a social worker in an NGO indicated:

"The intake social worker completes the intake form, uses the forms for process notes. We do not have a risk assessment form. We do not use any of the guides or tools developed by the Department" [**Joyce, B1:76-78**].

Unathi the supervisor in the NGO confirmed:

"If it is a straight forward foster care then there are no tools. The child just needs to be placed in foster care" [**Unathi, B1:91-92**].

One NGO, B3 used the professional assessment tool, the Heimler instrument. The social worker in this case was also a psychologist and therefore used a psychometric tool for assessments. The social worker **David** from this NGO said:

"We have an intake form and a screening form for the foster parent. We have two - one at intake and another during investigations. I don't use the Circle of Courage. We don't have a regular risk assessment form. As a psychologist, I use the Heimler assessment tool. The intake assessment form is very simple..." [**David, B3:67-71**].

His supervisor **Xola** added: *"We have our own in-house risk assessment form. Then we've got the social-emotional assessment and (David) is using...the Heimler assessment. The risk assessment form we use first and foremost when it comes to Form 36s. We also use...the Scottish risk assessment tool where you look at all the factors around the family. We also use the Circle of Courage. We look at all the factors and pull it together and then you make an assessment based on, is it a safety issue, physical neglect? ... When you do the risk assessment it is important, I believe that you make the family a part of it right from the beginning... In the cases of sexual abuse you are going to have a totally different*

kind of risk assessment. If the perpetrator is in the house we don't negotiate, we remove the child" [Xola, B3:96-112].

Another NGO, B2 used the Cane data collection tool to assess risk. The tool is a simple yes-no binary assessment tool and covered areas of the child's information, child's functioning, types of abuse and the extent of physical, emotional and psychological abuse, neglect, exploitation, demographic information of the child, household income and expenditure. This risk assessment form was developed by government but they decided to substitute it with form 38 because the information collected was similar on both forms.

Olga, the supervisor in an NGO in case B3, stated:

"We have spoken about it at management that intake social workers must use the Cane form. It is a check list type of form" [Olga, B2:72-74].

In cases of abuse, neglect and abandonment, there is a special pack of assessment forms developed by government for all social workers who work with children in need of care and protection in both government and NGOs. The pack includes an actuarial risk assessment tool, the safety assessment tools, and an assessment report form (SW05) for medical, forensic social work and psychological assessments and these forms are available in government (DSD) in the districts. **Rose** a supervisor in government indicated:

"We have an intake form SWS02 from national that we are using. There is an assessment form that we use in cases of abuse. It has all the questions that must be answered to determine if the child is in need of care. We also have a referral form to SAPS [South African Police Services], to the district surgeon for a medical assessment. If there is a need for social relief, then we have a form for referral to SASSA. We don't have a risk assessment form and don't do risk assessments. One of the intake social workers is quite experienced so she uses her own knowledge and experience to assess situations" [Rose, A4:80-87].

NGO B5 used the government prescribed risk assessment forms only for children who were abused, abandoned and neglected. **Tanya** a supervisor in an NGO stated:

"When we have a complicated case then we use the risk assessment form that is used by DSD. In the case of abuse and neglect cases we have a removal pack and in the pack are all the documents that are required to complete the process. We also use the risk and safety assessment form" [Tanya, B5:61-65].

None of the case files had any evidence of tools for the assessment being completed (A1F1: 20-29; A2F2: 114-17; A3F3 14-15) except in the case file of B3F8 that had the Heimler instrument completed for the child and parent. The social worker used the instrument to assess the psycho-social functioning of the child and the parent who was the perpetrator of the abuse. The results were used as evidence in court to motivate for the treatment of both the victim and the parent who abused the child. The social worker completed the assessment in-house and saved the organisation in terms of costs and time in finalising the case and advocated for the court to impose treatment by court order. However, most social workers are pressurised for time because of high demand and do not have the time for comprehensive assessments of their cases (Kirkman & Melrose 2014:13). Some social workers confirm that they can only offer clients minimal services, for example the completion of the medical assessment and the report by the forensic social worker (DSD & UNICEF 2012:9-29), and thus don't see the need for time consuming comprehensive assessments, which authors refer to the one "reason assessment" (Cleaver, Walker & Meadows 2004:217; Munro 2008:20). A study by Kirkman & Melrose (2014:51) found that social workers working on the frontline often experience mental resource depletion that leads to decision avoidance and the deference of decisions; in this case all decisions are deferred to the investigating social worker.

Sub-category 1.1.1.4. Use of other professionals in decision-making processes during the intake stage of foster care services

Decision-making in child protection should take place in an inter-professional context because of the nature of risks that threaten the well-being of children (Corby, Shemmings & Wilkins 2012:15). The norms and standards by government support the use of multidisciplinary decision-making (DSD [sa]:37 & 78). There was little evidence of multi-professional, multi-disciplinary decision-making, case conferencing or panel decision-making on the assessment of the child and case planning, either in the case files or from the responses of the participants. At intake the social workers are confronted by either the demand for crisis intervention or a large number of applications by relatives for foster care wanting access to the Foster Child Grant or clients seeking social relief. Hence social workers do not have the time or resources to engage in multi-disciplinary decision-making

and case planning (Kirkman & Melrose 2014:13; O'Sullivan 2011:90) and decisions are made solely by social workers as stated by **Gail** a social worker in government:

"Intake workers work alone and make decisions alone. There is no panel or multi-disciplinary decision-making even if a child is placed in TSC in a CYCC. If a social worker feels she requires the wisdom of the supervisor she will do so" [Gail, A5:160-163]. "There is no time at intake to involve other role players in the process" [Gail, A5:173-174].

Tebogo a social worker working in an NGO agreed:

"At the intake I am the primary decision maker. We don't use other professionals or use an interdisciplinary approach or panel to decision-making" [Tebogo, B4:131-133].

His supervisor **Sizwe** supported his statement by saying:

"The decisions are made primarily by the social worker but where there may be a challenge, they come to the supervisor for guidance. They just quickly consult" [Sizwe, B4:140-142].

There is no involvement of other professionals or services in the decision-making processes for the straight forward applications for foster care or the "granny grant" applications. In the case files analysis (A2F2:20-27; A4F4:18-27; A5F5:24-28; B1F5:15-19) it was found that many of the children for whom the "granny grant" was requested did suffer trauma from the death of a mother, lack of parental care, abandonment in the care of relatives, infliction of chronic illnesses and sexual abuse by other family members and no services were rendered to these children at the intake stage. Decisions on these issues were deferred to the investigating social worker. In foster care applications by relatives for orphaned and abandoned children, social workers in government and NGOs, except for case B5, did not refer the children for any preliminary medical or psychological assessment to assess their well-being before referral for placement to ensure that children are safe.

The prescribed guidelines and procedures for intervention in abuse cases apply to both government (DSD) and NGOs. The protocol mandates medical, psychological and forensic assessments for all abused children because these cases often result in criminal investigations and prosecutions (DSD 2012: Chapter 8). In most cases abused children were placed in TSC and required to provide treatment to the abused child especially if the TSC is a child and youth care centre (CYCC). CYCC's will not admit a child without a complete bio (medical)-psycho-social assessment of the child and the reports. Public

hospitals are mostly used for the medical assessments and one private clinic which is very visible in most communities offer a much needed service on the comprehensive assessment for abused children. However, these processes are not necessarily multi-disciplinary decision-making and case managed. It is simply the collection of evidence on the case from different professionals to support the decisions of the social worker and enable the prosecution of the perpetrator. The collections of reports from different professionals does not constitute multi-professional decisions-making as per the DSD standard (DSD [sa]:78; Brownson 2014:3).

Pamela a social worker in a NGO explained what working with other professionals meant: *“The hospital social worker had dealt with the case initially. She monitored the child’s treatment, opened a case of abuse against the parents. Obtained all the medical reports and progress reports from the doctors and referred the case to us to find a placement for the child when the child was being discharged because the mother was imprisoned and there was no caregiver for the child”* [**Pamela, B2:112-117**].

Rarely are psychological assessments done unless the court mandates it or the child is performing poorly in school and the presiding officers request a psychological report to provide insight on a case. Access to psychological services at local clinics is very difficult because of the limited availability of the service and the high demand. The NGOs, as in the case of B3 (B3F3:14-16), use resources from the community. **David** the social worker in an NGO stated: *“Yes. These assessments were done and the child’s school paid for it. The medical legal assessment was one by the public hospital. We don’t always get these resources to help children. A private non-profit clinic assists with assessments and the preparation for court... We have used the psychologist at the local clinic. For the older children I use a private psychologist in town...”* [**David, B3:114-125**].

Obtaining a psychological report from a state facility is complex with long delays as explained by Crystal a supervisor in an NGO: *“If there is a need for a psychological assessment then the child or children are referred to the hospital which must refer the child or children to Weskoppies for a psychiatric or psychological assessment. The turnaround time is between 60 to 90 days”* [**Crystal, B2:174-180**].

The next category focuses on the type of decisions made during the intake stage.

4.4.1.1.2. Category 1.1.2. The decisions made during the intake stage of foster care services.

The findings in this category that emerged from inductive data analysis of the interviews with participants and the case files analyses in both government and NGOs, indicated decisions made regarding the kind of problem, whether the child is in need of care and protection, and recommendations for further investigations, counselling and referrals. The Children's Act 38 of 2005 sets out the process and procedures for the removal of children to alternate care in cases of emergency (South Africa 2006: section 110).

Sub-category 1.1.2.1 Pre-screening of the application: Determining the problem and whether the child is in need of care and protection

A study by Boning and Ferreira (2013:526) found that 76.5% of the foster care participants were in related or kinship placement and Ross et al (2008:8) in their study found 99.8% of the children participants in foster care were related or kinship placements. However participants in both government and the NGO's reported that the majority or between 90% to 95% of the applications for foster care were for the "granny grant" or straight forward applications by relatives caring for children who are orphans or children abandoned in their care as reported by Lerato, a supervisor in government:

"So after the awareness... With this campaign clients will come into the office requesting foster care services, 90%, 92% or 95% is where the children is already placed with the prospective foster parent or is already staying with the prospective foster parent [Lerato, A3:34-36]... "Most of our children are orphans so it is quite quick to make that decision..." [Lerato, A3:178-179].

Anna, a social worker in government confirmed this:

"Most of our cases do not involve the removal of children and placement in alternative care. It is cases where the children are already in the care of relatives. It is a place that children were living before the death of the parent/s or went to live with the relative after the death of the parent/s [Anna, A3:56-66].

In the applications for foster care, children do not have the means to support themselves and the relatives claim not to have the means to support the children and request access

to the Foster Child Grant. At the intake stage the social worker only determines if the potential foster parent is without means and is willing to care for the children, a single reason application (Munro 2008:115). To assess a case there must be a set of criteria (Alex 2018:1; Graham et al 2015:3). From the analysis of the case files (A1F1:38-42; A4F4:18) there seems to be a set of unwritten criteria to determine a child in need of care and protection, namely the child is an orphan or abandoned, the child is already in the care of the prospective foster parent and the prospective foster parent is willing to care for the child as found in the case files.

Mike, a social worker in government, explains his organisation's decisions in more serious situations: *"We place the child in TSC while we open an intake case. We issue Form 36 to remove the child from the abuser. We try to find TSC within the family and if we can't find suitable prospective foster parents then I try our pre-screened unrelated prospective foster parent. If we cannot find a prospective foster care placement then we opt for a CYCC."* [Mike, A4:62-76].

Sub-category 1.1.2.2. Decisions to urgently remove a child/ren to TSC.

The remaining 5% of the cases seen at intake are situations where the child or children are either neglected, abandoned or abused, with the greater proportion being infants abandoned in hospitals (Ross et al 2008:8). It is difficult to compare the extent of abuse cases in South Africa with other countries because related foster care in South Africa is paid care which is not the case in most countries. Hence the number of abuse cases in other countries appear to be higher because foster care is paid care only in cases of children placed in unrelated care which results largely from abuse (Keddell 2014:921). There are a set of procedures that social workers must implement to remove a child to safe care, namely a screening report and certificate in terms of Form 30 must be submitted to DSD to obtain approval for the placement of the child in that TSC and within 24 hours of the removal the Children's Court must be informed of the temporary placement (South Africa 2006: Section 152(2)).

Tebogo, a social worker in an NGO, confirmed the procedure: *"In the case of serious neglect or abuse, we bypass the normal process. We always have pre-screened foster parents. We can quickly place the child in TSC with a screened foster parent or place of safety and then we have to go court within 48 hours to initiate the inquiry. We first remove*

the child and after that we send the screening report and form 30 to DSD to confirm the placement and DSD either issues Form 39 directly to court or we collect it... We use our powers to remove a child in an emergency and then inform the court within 24 hours. Reporting to court within 24 hours is just a procedure. Then we submit our report and all the relevant documents to open an inquiry and the court will then set a date in terms of its availability. In this case a TSC order was issued for 90 days and after that we can either finalise the inquiry or request for an extension. The purpose of investigations is to gather information to convince the court to accept the recommendation” [Tebogo, B4:226-239].

In the case of urgent removals, the social worker acts to minimise risk by placing the child in safe care pending investigations. Information in the files confirmed that removals are done within 24 hours of the referrals (A2F2:45-47; B4F9:20-21; B5F10:23-26). Temporary removal of children at risk, is the safest option for social workers in the case of unknown factors that impact on the child (Enosh & Bayer-Topilsky 2015:1773; Sanchez-Gomez 2012:20). These situations are often characterised by emotional reactions to the situation. Basing decisions on one’s affective response is an easier way of making decisions, than having to conduct a cognitive risk assessment of the situation and managing the risk (Kirkman & Melrose 2014:54).

Sub-category 1.1.2.3. Recommendation to open a file and register a case.

One of the primary decisions at intake is to register the case and to recommend to the supervisor to open and register a file and refer the case for investigations and statutory interventions. **Ida**, a supervisor in government, referred to the opening of a file:

“Based on the information obtained, the intake worker will decide that the child is in need of care and protection and to say that the prospective foster parent took the initiative to offer to care for the child and to say that a file should be opened and the case be investigated” [Ida, A1:95-98].

Another social worker, **Boitumelo**, in government, stated:

“We record what the problem is, on the intake form SWS02. I take the file to the social auxiliary worker to create BP’s (business partner) so that it can appear on the system.

After that I take the file to the supervisor to allocate to the field social worker who also does intake once a week” [Boitumelo, A2:77-81].

There were notes in all case files (A1F1:41-43; A2F2:20-27; A4F4:20-21; B2F2:31; B3F8:21-22) requesting the supervisor to open a file and to refer the case for investigations and placement. The date on which the file was registered is important because this date is usually used to manage the progress of the file and determine the backlogs. The supervisor made a note in the file, when it was allocated for investigation, the follow up actions and the return dates for the respective actions (A1F1:41-43; A2F2:20-27; A4F4:20-21; B2F2:31; B3F8:21-22). Indicating that the case was screened and the child was determined to be an orphan or abandoned and without visible means of support and is in need of care and protection, seems to be an administrative procedure particular to South Africa and no literature could be found on this process.

4.4.1.1.3. Category 1.1.3. The factors influencing decision-making during the intake stage of foster care services.

The quest to improve foster care is dependent on the nature and the transparency in decision-making (Collins & Daly 2011:4). The case file is supposed to be an accurate record of the interventions and proceedings in the case by the social worker for the analysis of decision-making by the supervisor and the new social workers working on the case for reflection and feedback to improve decision-making (Hancock & Algozzine 2011:57; Taylor 2007:104). The soundness of a decision can only be determined by the amount and quality of information on the decision-making process which is relevant for protecting the best interest of the child. There were no process recordings in any of the case files of the factors that influenced the social workers decisions at the intake stage and Kirkman & Melrose (2014:49) see this as a workplace culture and mind-set whereby errors in human reasoning can never be detected. The intake form is a prescribed Form SW02 used to collect information on the potential foster parent, the child and the biological parents of the child, the presenting problem and the decision of the social worker. It does not make provision to capture factors that influenced the social workers’ decision-making processes. The significant factors that were articulated by the participants that influenced their decision-making processes at the intake stage which are discussed in the following paragraphs, include the exclusive

reliance by the social worker on the information provided by the client, reliance on the referral sources for urgent cases, the financial situation of the prospective foster family, protection of the grandmothers against abusive mothers, lack of placement and other resources in the community, limited organisational resources, threats to the safety of social workers, the urgency or the severity of a case, the safety and best interest of the child, and the personal values of the social worker. Under this category only the exclusive reliance of the social worker on the information provided by the client, reliance on the referral sources for urgent intervention in cases, the financial situation of the prospective foster family, protection of the grandmothers against abusive mothers, the urgency or the severity of a case, and the personal values of the social worker will be discussed. The other sub-categories will be discussed under Theme Four referring to other factors because these are relevant to all the phases in foster care.

Sub-category 1.1.3.1. Exclusive reliance on the information provided by the client

In both the government and NGO's the social worker's decisions at intake are based on total reliance on what the client says. **Helen**, a social worker in government, shared:

Boitumelo, a social worker in government, stated, *"At intake, we base our decisions solely on what the client says. We hope that the truth will arise during the investigation"* [Boitumelo, A2:125-126]. *"At intake we cannot verify if a client is telling the truth or not when they say they don't know the whereabouts of parent/s of the child and then later during supervision you find that the parents are in the same household as the child"* [Boitumelo, A2:130-133].

Social workers at this stage do not see the need to interview or observe the child or children to determine their status as evidence of their decision-making process, neither do they probe to obtain more information about the children's education, health, financial status and their relationships with other relatives during the intake process.

Ida, a supervisor in government, added:

"At Intake normally the child is not involved. They don't come with the child" [Ida, A191-92].

Sizwe, a supervisor in an NGO, stated:

“...we do receive foster care applications almost on a daily basis so we can’t cope to process them. The high demand is driven by poverty and the lack of responsibility by fathers to take care of their children. So once the mother passes on they rush to apply for foster care. In those foster care applications you find father unknown. Then when you dig deeper you find that the father is there but maybe he was not taking responsibility to look after the children” [Sizwe, B4:122-128].

Both the lack of information and the incorrect information provided by clients tends to adversely affect the placement decisions later when fathers are discovered to be alive and supporting the children or conflict amongst relatives arises over the children’s finances, resulting in the children’s placement subsequently being destabilised. The children would have been living with the prospective foster parent for several months but when the relatives learn of the Foster Child Grant paid to the foster parent, friction in the placement arises. Friction amongst relatives in foster care placements is a common phenomenon across all societies (Zeijlmans et al 2018:461; Hearle & Ruwanpura 2009:433; Taylor 2007:137). Social workers work under considerable pressure and have difficulty making decisions within short periods of time and with the lack of an enabling environment to support their decision-making, they place considerable reliance on intuition to determine what is best for the child by assuming the client before them also has the child/rens best interest at heart (Kirkman & Melrose 2014:54).

Winnie, a supervisor in government, expressed her misgivings about the reliance on what clients say during intake: *“...They will tell you that my child came home pregnant and she does not know who the father is ...when you place the child in kinship foster care and start having a relationship with the child, they will tell you ‘yesterday my father was here’; We tend to do things shortcut at intake because of the pressure of the waiting clients... Even the intake form does not probe on the whereabouts of the parents of the child. There is not much focus on the thorough assessment of the situation. The case is allocated to investigations to do that” [Winnie, A2:157-182].*

Sub-category 1.1.3.2. The referring source.

In both government and the NGOs the referring source influences the turnaround times for interventions by the social worker. When cases of neglect, abuse and abandonment

are reported by schools and hospitals the matter receives immediate responses from social workers as is evidenced in the case files on their respective response times (A2F2:5; B1F6:27; B2F7.1:3-7). A study by Tupper et al (2017:42) found the referring source had an impact on how social workers proceeded with a case. If a case was referred by the school they were likely to proceed with the case immediately and made it high priority, followed by a referral from another social worker within the same organisation or from another organisation (Tupper et al 2017:42; Ward, Brown & Hyde-Dryden, 2014:16; Kirkman & Melrose 2014:13-15). There is not much literature on the relationship between schools and teachers with social workers as mutual referral sources. Referrals from family members were least likely to receive their due attention.

Boitumelo, a social worker in government, stated: *“I interviewed the child after the report by the teachers but did not record this in the file and she was willing to be placed in unrelated care [Boitumelo, A2:108-110].*

David, a social worker in an NGO, added: *“The social worker referred the case directly to me. She whatsapped all the information to me because I was not in my office and when I looked at the whatsapp I realised it was severe enough to warrant immediate action. So that is how this intake worked. Intake especially on child abuse comes in various forms. There was a gardener at school that came on foot to report a child abuse case and we went with him to the school to investigate the case. Then there are the ‘granny grant’ applications where less time is spent at intake and the matter proceeds directly to investigation and placement” [David, B3:54-64].*

Tebogo, a social worker in an NGO, indicated:

“Given our limited resources, we have to prioritise which cases will get our immediate response and this also influences our decision’s and processes [Tebogo, B 4:107-108].

From the storylines it was clear that if there were reports from the community members, the response was not immediate but much quicker than from the clients themselves. Most reports on child abuse and neglect were made by the schools followed by hospitals.

The foregoing response reflects that social workers as frontline workers enjoy a lot of discretion on how their resources are allocated (Lipsky 2010: 82.)

Sub-category 1.1.3.3. Pre- assessment of the financial situation of the prospective family.

Several authors had written about the over-representation of applications for foster care by grandmothers and relatives caring for children who are orphans or have been abandoned by their biological parents (Dhludhlu & Lombard 2017:174; Sibanda & Lombard 2015:346; Boning & Ferreira 2013:526; Ngwenya & Botha 2012:213; Nyasani, Sterberg & Smith 2009:182; Hearle & Ruwanpura 2009:426; Chipungu & Bent-Goodley 2004:76). In the case of orphans, the children tend to be in the care of the relatives prior to the demise of the parent. Immediately after the death of the parents, the relatives approach the social worker claiming that whilst they are willing to care for the children, they do not have the financial means to do so and request access to the Foster Child Grant. In terms of section 150(1)(a) of the Children's Act 38 of 2005, a child is in need of care and protection if the child has been abandoned or orphaned and is without any visible means of support (South Africa 2006: section 150 (1)(a)). The researcher interprets this as the child's financial situation that must be assessed and not that of the prospective foster parent. During intake social workers assess the income and expenses of the potential parent to determine the lack of visible means of support and if the child or children are indeed in need of care and protection. In terms of the Social Assistance Act 12 of 2005 (South Africa 2006: section 6), the Foster Child Grant is not means-tested and irrespective of the financial status of the potential foster parent and the children, the potential foster parents will qualify for a Foster Child Grant by virtue of a foster care court order (South Africa 2006: section 6). The social workers' assessment of the financial status of potential parents is unclear because in all cases the social worker obtains the information verbally from the potential foster parent and the net income of the family is barely enough to sustain the potential foster parents. On this assessment the child or children are assessed to be in need of care and protection. The financial assessment is based on the information provided solely by the client.

Boitumelo, a social worker in government, mentioned that the financial position of the client is a deciding factor in determining whether the child is in need of care and protection:

“We look at the financial situation of the prospective foster mother and determine their need for financial support and then we place the child in foster care with her” [Boitumelo, A2:123-125].

Tebogo, a social worker in an NGO, stated:

“The other factor is the visible means of support for a child. If a child is abandoned and have no means of support then we have to act immediately” [Tebogo, B4:109-110].

The claim to financial impoverishment seems to work in favour of related placements or relatives of children to access the Foster Child Grant and against unrelated prospective foster parents who may desperately want to foster children especially babies and infants, bridging the resource gap but because they lack visible means of support, they cannot do so (Zeijlmans et al 2018:459; Hearle & Ruwanpura 2009:431).

Elda, a social worker in an NGO, alludes to this point:

“Financial well-being is not a factor or neutral factor for the placement of children. The more destitute the family, the higher the motivation to place the child. Generally, people think a family that is financially well off and has lots of money can provide the best care, it may not always be the case. You may find a family that needs assistance and needs the grant, those people are able to provide the best care and love in terms of what the child needs” [Elda, B5:206-211].

There is a double standard or inequality in the way social workers make decisions with respect to the application of the lack of visible means of support principle in giving children access to care and protection (Hearle & Ruwanpura 2009:431). When the potential foster parent is a relative and lacks visible means of support, they get access to foster care and the Foster Child Grant. When a potential unrelated foster parent lacks visible means of support, they are denied access to foster care and yet they too can access the Foster Child Grant to provide support to children.

Sub-category 1.1.3.4. Protection of grandmothers against abusive parents.

The tensions in the family relationships over the Foster Child Grant is discussed by Hearle & Ruwanpura (2009:429). A study by Mnisi & Botha (2015:234) mentions that the relationship between biological parents and adolescents in foster care contributed to the breakdown in placements. Similar findings are reported by Moore et al

(2016:128). From the storylines it seems that in the government sector foster care is used as a mechanism for protection of vulnerable grandmothers against drug dependent and abusive parents that neglect their children and use their children to extort money from the children's caregivers by "abducting" them from their care. Social workers then attempt to protect grandmothers by placing the children in foster care with a court order that would enable the foster parent to obtain police assistance in preventing abusive parents from removing the child or children from her care to extort money. This also enables the child or children to enjoy greater stability in their grandmother's care. It thus, seems as if emotion plays a role in decisions being made (Storhaug, Kojan & Fjellvikas 2018:166).

Winnie, a supervisor in government, spoke of the financial demands as well as neglect of the children by the biological mothers:

"When the grandmother says the biological mother comes after 6 months, takes my money and leaves, then we want to place the child/ren legally in the care of the grandmother because then she has a court order to protect herself against the biological mother's threats to take the children away or demanding money from her. The first thing we look at is that we want to place this child legally with this carer and then we look at the value the grant will add to the well-being of the child/ren. Luckily, foster care comes with a grant" [Winnie, A2:133-140].

Another supervisor, **Lerato**, in government, supported Winnie:

"Even though the family may be receiving a Child Support Grant and they may be well cared for, it is about the powers, the fact that the foster parent has a piece of paper that says she is the foster parent of the child when it comes to guardianship, medical care, enrolment at school, care. She's got something to say that the child is legally in her care. [Lerato, A3:246-259].

Sub-category 1.1.3.5. Urgency or severity of case

From the findings it was clear that all reported cases of abuse, neglect and abandonment were treated as urgent but the response to the urgency was determined by the amount of pressure social workers experienced from the referral source and the availability of cars to complete the investigations and move the child to TSC. Tupper

et al (2017:42) in their study in the UK, found it was not just the severity of the referral but the source of the referral that equally impacted on social workers' response to a case. In another study, Taylor (2007:60) found that social workers respond to emergencies and urgent cases based on intuition and risk minimisation.

Joyce is a social worker in an NGO and commented on the urgency of cases:

"The referral came from school which made the case urgent. We were concerned that no further harm gets done to the child. We were scared to allow the child to continue remaining in an abusive environment. We had to act quickly. We also did not want to take any risk and leave the child with the stepparents that had no blood relations with the child. The other factor is that we had a potential placement which was the grandmother and that's what influenced us into going ahead with the removal" [**Joyce, B1:139-145**].

Boitumelo, a social worker working in government, stated:

"I contacted the grandmother who was unwilling to care for the child. There were no other relatives I could contact to place the child. I then contacted CYCCs that refused to take the child with a medical condition because they did not have a nurse to administer her medication, and I then contacted an unrelated foster mother that specialises in sick children and she agreed to accept the child and thus placed the child in her care.....The matter was about the neglect and I just worked on the neglect and worked with urgency to get a placement for the child" [**Boitumelo, A2:102-112**].

Social workers do not have the time for a long deliberation on the case or an intense assessment (Storhaug et al 2018:165). In all local government offices there is a dedicated intake worker that responds to emergencies and urgent cases.

Gail, a social worker in government, explained:

"They rotate amongst themselves that how they handle crisis situations and fieldwork for intake cases. When there is no intake social worker then, we, the field social workers will assist with crisis cases at intake" [**Gail, A5:47-49**].

In the NGOs there are intake social workers that respond to urgent cases in B2 and B4 and in other organisations the area social worker will prioritise the urgent cases for immediate intervention. The urgent cases are cases of abuse, severe neglect and children abandoned without caregivers, which are reported by third parties, namely

schools, hospital social workers or any other referral source, which are given immediate attention by social workers (Tupper et al 2017:43).

In both government and the NGOs' applications for foster care for children turning 18 years are prioritised over those of younger children. In one case a child was placed in foster care a few months before turning 18 years after the case was delayed for 6 years and the social worker then extended the foster care placement to 21 years in terms of Section 176 (A3F3: 18-20).

Sub-category 1.1.3.6. Personal values of the social worker and decision-making

It is very difficult to separate personal values of social workers from decision-making, especially when objective instruments, such as analytical tools, research, professionals from other disciplines and best practice guidelines are not involved in the assessment process. The danger is that social workers work from a relative judgement of the situation and thus personal values tend to creep into the decision-making process without much conscious thought (Kirkman & Melrose 2014:5).

All the participants preferred to place children with families and individuals in the community rather than in a CYCC believing it should be the very last resort and only as a temporary measure. In one case a 16 year youth was moved from a CYCC to an unrelated foster care placement where his two young female cousins, 10 and 7 years were placed and he began raping his younger 7 year old cousin immediately upon his placement. Despite the risks of placing an adolescent with young female children, the social worker ignored the research on the risks of such a placement and, believing foster care is a better option for a child, placed the youth with young vulnerable girls that resulted in the younger child being abused. A study by Mnisi and Botha (2015:232) mentions the inappropriate behaviours of adolescents in foster care placements such as inappropriate sexual behaviour, substance abuse and violence.

Yolanda, a social worker in an NGO, tried to explain why in acting in the best interest of one child, other children could be at risk of harm:

"I feel that social workers become emotional when they see children and there is no one to take care of them and they rush to place in related foster care without investigating thoroughly [Yolande, B4:161-163]."

The Children's Act 38 of 2005 (South Africa 2006: section 153) makes provision for the removal of perpetrators of abuse from the home and one social worker participant working within an NGO, **Pamela**, expressed her preference not to remove the child or children from their home but removing the abusive parent. Despite this being the preference of the social worker, it was not implemented in practice. The children were removed instead.

"For me I am very anti-removal of children from their natural environments. I feel that it traumatises kids... I would rather we remove the perpetrator from the household than remove the child. If the perpetrator is the breadwinner then he must contribute financially to the family and leave the child there. From my years as a social auxiliary worker and as a social worker, I observed that kids feel like they are the ones that are doing something wrong because they are the ones that are being moved and they are forced to leave their friends, their school and their family and move to an unfamiliar environment" [Pamela, B2: 130-139]. Pamela continued: "So now moving this child to the maternal grandmother was wrong. I feel the police should have arrested the father the day the child complained and that they did their investigation while the father was in jail rather than removing the child and placing him so far away from his home. Now that the child is visiting the home again you can see that he is getting back to being the child again. In this case the child felt so bad they wanted to recant the physical abuse charges against the father" [Pamela, B2:139-144].

Queen, a social worker in government, stated:

"I placed the child back with the grandmother because I felt compassion for the child because there were no other placements and I don't like institutions. An institution will be the very last. I don't like institutions. It feels like a prison and also after the child turns 18 where would the child go. In some of our institutions there's not even the trade or they don't train them for after care. By placing the child with the family they are blood, they won't chase the child away. This is my view" [Queen, A4:110-115].

The next category focuses on the nature of decisions taken.

4.4.1.1.4. Category 1.1.4. The nature of decisions made during the intake stage of foster care services

Participants were asked to describe the nature of their decisions with substantiation and the responses were varied between government and NGOs and between social workers and supervisors. There was coherence in just one NGO (B2) where both the social worker and the supervisor described their decisions as intuitive because at intake they follow procedures, apply criteria, respond to the threat and ensure the safety of the child, which Kirkman & Melrose (2014:45) refer to as skilled intuition. Skilled intuition is when social workers depend on their expertise, training, experience, procedures, and knowledge gained from reading that over time becomes an unconscious embodied knowledge to guide their decision-making process which is also referred to as tacit knowledge by O'Sullivan (2011:126).

Participants who described their decision-making as analytical felt the procedures they followed and the provisions set out in the Children's Act made their decision-making processes analytical. Analytical decision-making is described as professional judgments based on explicit knowledge, like research, evidence and sound reasoning utilising robust assessment tools (Taylor 2012:546). The evidence from the case files and the responses of the participants in both government and NGOs indicate that decision-making at intake is based on the expertise, experience, knowledge of the social worker supplemented by structured data gathering forms and procedures set out by the Children's Act 38 of 2005 (South Africa 2006: section 150).

The vast majority of the cases that social workers assess at intake are straight forward applications for foster care by relatives for orphaned children in their care (Sibanda & Lombard 2015:346; Boning & Ferreira 2013:526; Nyasani, Sterberg & Smith 2009:184; Ross et al 2008:62) The information is collected on structured forms and the procedures followed to establish a routine process. There are no case panels, case conferences or multi-disciplinary decision-making to assess the case holistically and formulate a plan of action to respond to the assessment. There was one NGO (B3) that uses analytical tools to gather information and based on the results tailored interventions with clearly defined outcomes which formed a part of the case management plan (Taylor 2012:546). The decision-making processes by social workers was more characterised by virtue ethics where the social worker attempted to

do their best for the client by getting them access to the Foster Child Grant (O'Sullivan 2011:129).

Whilst social workers follow procedures and rely on intuitive decision-making, it is important for them to recognise tasks that require analytical types of decision-making that can supplement their intuition to improve the accuracy of their decision-making, resulting in the mixed theory of decision-making (Tupper et al 2017:240). The mixed theory is also referred to as the professional wisdom by O' Sullivan (2011:83) which he describes as social workers' decision-making processes using a combination of intuition and analysis, using multiple sources of knowledge, while competently managing their emotions. The concept includes but is not restricted to experiential knowledge developed through practice experience (O'Sullivan 2011:83). Three participants in NGOs and six in government described the nature of their decision-making as intuitive (42.9%), three participants in NGOs and none in government described the nature of their decision-making as analytical (14.2%) and, four in NGOs and five in government described the nature of their decision-making as being mixed (42.9%).

Some of the participants that described the nature of their decision-making as **intuitive**:

Boitumelo, social worker in government, remarked:

"The decisions at intake are mostly intuitive. We just accept what the client tells us and then refer for investigation...We don't use research, previous case histories or assessment tools or even therapy during the intake stage" [Boitumelo, A2:147-151].

Pamela, a social worker in an NGO, declared:

"At intake it is mostly intuitive. We react mostly on what the client says and in most cases we simply follow procedures. We have to deal with each case individually. While many cases may have similar factors, they still have to be responded to uniquely" [Pamela, B2:208-210].

Some of the participants who described the nature of their decision-making as being **analytical**. **Joyce**, a social worker in an NGO, was of the opinion that the decisions are analytical in nature:

“It is analytical. It is a new case. We don’t know anything about the case and we will use analysis to assess the case. What qualifies this case in coming here? What is the capacity of the client in managing the situation or problem himself or herself? Assess the weaknesses and the strengths of the client. The social worker is trained on agency policy and procedures and she follows them. The decisions at intake sometimes can be procedural” [Joyce, B1:111-116].

Tanya, a supervisor in an NGO, stated:

“It is analytical. We have to follow procedures, verify our assessment and then implement interventions. We cannot make decisions in a vacuum” [Tanya, B5:103-104]

Some of the participants who described the nature of their decision-making as being mixed, both **intuitive and analytical**. **Helen**, social worker in government, shared:

“...it is mixed. I use my discretion to determine the child’s best interest and that the child should remain in the care of the prospective foster parent until the investigations are complete because the child was left in that care by the adoptive parents and has been in the care of the prospective foster parent until now. There were no bad reports about the placement from any source. I use the Children’s Act to determine if the child is in need of care and protection...and without visible means of support” [Helen, A1:107-115].

Her supervisor, **Ida**, maintained:

“I think the decisions are of mixed approaches. The social workers will listen to the client and be guided by the provisions of the Children’s Act in determining if the case meets the criteria in terms of the Act in determining a child (is) in need of care and protection and has to motivate in this regard for investigation” [Ida, A1:125-129].

4.4.1.2 Sub-theme 1.2: Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the prevention and early intervention stage of foster care services

The Guide for the Effective Management of Foster Care in South Africa (DSD 2009:22), describes preventative services as outreach and awareness campaigns to

promote the foster care programme and raise awareness within communities of the options that are available to care and protect vulnerable children. Early intervention is the process of strengthening weak and dysfunctional families with resources and services without having to remove children and place them in alternate care (DSD 2009:22).

The participants in this study reported that they implement prevention at the community level and early intervention at the individual level. The implementation of prevention and early intervention programmes enables social workers to implement the integrated social work methods, namely casework, group work and community work. The prevention programmes regularly implemented are community awareness, information sharing on foster care services and accessibility to foster care. The group work sessions implemented by social workers in both the government and NGO's are on parenting skills for parents and foster parents, information sessions for the recruitment of foster parents and preparation for placements. The social workers and supervisors shared that the community and group work interventions are planned by analysing the statistics from intake cases and caseloads, and programmes are implemented in communities where there are high incidences of particular problems like orphaned, abandoned, abused and neglected children. Both the government and the NGOs implement preventative services but the NGOs because of their constrained staff, do so to a lesser extent than government. Both sectors implement early intervention at the individual level and agreed that early intervention in child protection especially for foster care is rarely an option because in the majority of the cases, the children are already in placement with grandmothers and relatives who request financial assistance to continue caring for the children (Mampane & Ross 2017:6; Boning & Ferreira 2013:526; Ross et al 2008:7).

The following categories of findings emerged from this sub-theme through inductive analysis and these include decision-making processes, decisions made, factors influencing the decision-making processes and the nature of the decisions.

4.4.1.2.1. Category 1.2.1. The decision-making processes during preventive and early intervention stage in foster care services

The following sub-categories of findings were identified namely tools used during the preventive services, analysis of caseloads, use of schools to monitor a child's progress, group work and community work, involvement of other professionals in prevention and early intervention decisions, interviews and referral for other services.

Sub-category 1.2.1.1. Tools used during preventive services

Participants were asked about the tools they used to base their decisions for prevention and early intervention at the community and individual level. Both the government and the NGOs did not have a tool to assess individual or community needs for preventative programmes and development. They used statistics on their caseloads to determine community needs in respect of foster care. It seems that their decision-making processes were primarily intuitive based on experience and knowledge. **Helen**, social worker in government, stated:

"I do not have any assessment tools for preventive services and do not assess the need for preventive services" [Helen, A1:123].

David, a social worker in an NGO, declared:

"We don't have any...tools. I used my experience, professional expertise to assess the situation" [David, B3:152-153].

Both sectors used their intake statistics and caseload information to determine the issues with respect to foster care and planned community intervention programmes accordingly. **Gail**, a social worker in government, shared:

"I use my caseload to determine the needs for preventive work at the community at group work level... We mostly respond to the demand from the community on social issues and how to address them" [Gail, A5:191-199]

A supervisor in government, **Lerato**, explained:

"In a clear-cut foster care where the child is an orphan you don't do preventive services. What do you want to prevent? We do preventive services in other cases like parenting programmes, foster care awareness before the application is being finalised.

If we find the prospective foster parent is not the best placement, then we will look at other family members and see how best we do family preservation and keep the child within the family. In cases when children are removed from parental care, obviously in those cases we will do preventive care before removing a child but we have to look at the severity of the case” [Lerato, A3:235-243]. She added: *“We do preventive services first in cases if we have to place children in a CYCC and in unrelated foster care” [Lerato, A3:259-260].*

The participants stated that prevention programmes included providing the community with information on foster care namely the requirements for the placement of children in foster care and information on the access to the Foster Child Grant (Patel 2015:149; Hearle & Ruwanpura 2009:424; Ross et al 2008:98). Their community awareness programmes are intended to create awareness and provide information on applications for foster care. Whilst awareness programmes are anticipated to reduce demand for public services paradoxically they can create increased demand and increase the workload for the social worker, as citizens are made aware of the resource (Hearle & Ruwanpura 2009:424; Ross et al 2008:98).

Sub-category 1.2.1.2. Group work and community work

There are not many studies on the impact of group work and community work on services users, however in a study by Boning and Ferreira (2013:539) they advocate for the use of more group work in foster care to cope with the high caseload as a more cost effective alternative to casework. In this study the participants referred to the challenges in implementing group work. There were no records in any of the case files of the community or group work programmes implemented in response to issues of that case or the involvement of the client or children from the respective cases in any community or group work programmes.

Rose, a supervisor in government, indicated: *“Last month we did two groups on parenting skills. We rarely do preventive work at the case level because when the cases come to our attention it is at a crisis or statutory level” [Rose, A4:144-146].* **Rose** added later: *“Our current crisis prevents us doing any preventive work. When we have reports of abuse and neglect we focus mainly on the child and neglect other family members” [Rose, A4:153-155].*

Unathi, a supervisor in an NGO, stated: *"We usually don't do preventive services. We maybe do some but very little. We do child protection programmes at school during child protection week and we see about 300-400 children. We have a talking book that we take to the little ones and present to them to educate them on abuse. We use students to do group work with parents and we have a ladies group going on and soup kitchens. We get seriously pressurised on removal of children in allegations of sexual abuse by the Department and the SAPS. We must either remove the children immediately even if abuse is suspected. We are forced to act quickly. We have to choose the least risky option"* [Unathi, B1:162-170].

Social workers in both government and NGOs have to do group and community work as part of their integrative practice (DSD [sa]:78). In most instances this function is delegated to the social auxiliary workers. Social workers stated that they performed an analysis of the intake statistics and their caseloads to inform their decisions on group and community work interventions. In other cases, the district use the statistical reports provided by the social workers on a monthly basis to plan community programmes, which they delegated to social workers at the local offices to implement. Participants in both government and NGOs conducted group sessions on parenting skills, preparation for placements and adolescent support groups but reported poor success with group work because most participants did not attend the group sessions for a number of reasons, namely lack of money for transport, school and work commitments.

Crystal, a supervisor in an NGO, shared, *"From my experience... It is very difficult to get the biological parent of the child to commit to early intervention or to reunification. They promise to cooperate but never do"* [Crystal, B2:210-213].

This resulted in a waste of valuable organisational resources such as the social workers' time and funds spent on consumables and if the group sessions are planned in the community halls close to the attendees, the costs are higher as it involves transport, hire of facilities and catering. It is apparent that the lack of success with group work is the result of decisions made by social workers based on supply rather than the demand of the clients. Apart from determining the needs for group and community work from caseloads and intake statistics, there was no further evidence of the analysis of the impact of the community and group work programme on the social worker's caseload or on the targets.

Sub-category 1.2.1.3. Involvement of other professionals

In respect to community education and awareness programmes there is collaboration with others service providers like the SAPS, SASSA and local health facilities on providing information on foster care. This is implemented by social workers and social auxiliary workers in both government and NGOs (Ross et al 2008: 44). There seems to be no joint planning, monitoring or evaluation of the programmes as explained by **Zara**, a supervisor in government:

“I determine the preventive programmes to be implemented. The implementation is done mainly by the social workers. There will be talks by the SAPs, Health etc. but they are not involved in the planning process, only done by the social workers and the supervisor. If we want mobilisation then we use the councillors and the NGOs. We don’t want to pay for the venues and the councillors will help us to get the venues free” [**Zara, A5:192-196**].

Participation from stakeholders is primarily to share information (Drah 2016:7). **Tebogo**, a social worker in an NGO, stated *“We do assessment, counselling and parenting skills ourselves. We don’t use other professionals and neither do we use a multi-disciplinary approach to prevention services”* [**Tebogo, B4:186-188**].

Another social worker, **Joyce**, in an NGO added: *“We do not use professionals during prevention. It is mainly the social worker’s decisions”* [**Joyce, B1:149-150**].

Sub-category 1.2.1.4. Interviews, referrals for services and award of social relief

During early intervention within individual cases, the decision-making processes of social workers in both government and the NGOs focus on immediate needs of clients, screening and rendering basic counselling and referring clients for the appropriate services (Ross et al 2008:36) . There is a high demand by clients for social work referrals for a range of services to meet their basic needs (Tupper et al 2017:8).

Ida, a supervisor in government explained the processes used in preventive services with individuals as follows:

“It is mainly interviews to determine their needs. It is referrals to the necessary resources to capacitate them. It is confirmation with resources to ensure that assistance was accessed. It is follow up with home visits to observe that the situation had indeed improved” [Ida, B1:157-160].

Most service users inundated the social worker for referral letters to access resources from other State Departments and entities to demonstrate destitution to gain preference for resource allocation. A function that was performed by SASSA was transferred to frontline social workers in 2008, namely, the award social relief of distress which is the award of food parcels. It is the opinion of the researcher that social workers are over-involved with referrals for poverty relief measures, a function that can be performed by an administrator.

Helen, a social worker in government, related: *“If they have no food then I will write a letter to SASSA requesting assistance be provided. I will also write a letter to the school requesting for fee exemption. I also write letters to the municipality to provide free electricity and water. If the case is urgent, I will sometimes call the people and speak to them and also write a letter” [Helen A1:137-140].*

These non-professional functions consume much of social workers’ time that can be freed to enable them to render more intense and therapeutic services to children in foster care. **Winnie**, a supervisor in government, indicted:

“We mainly refer to other agencies for preventive services. You know when you do your assessment, you will find that the neglect was not deliberate, they did not know that what they were doing is neglect. We do have a manual that guides us on these decisions” [Winnie, B2:246-253].

Category 4.4.1.2.2. The decisions made during the prevention or early intervention stage of foster care services

In this category of the findings on the decisions made during this stage, from interviews with participants and the case file analysis, two decisions made during this stage emerged, namely to keep the child with the family or remove the child to safe care if the child is threatened with danger, harm or injury.

Sub-category 1.2.2.1. Keeping the child within the family

The vast majority of all cases seen by social workers at intake are for applications for foster care by grandmothers and relatives caring for orphaned or abandoned children (Dhludhlu & Lombard 2017:169; Drah 2016:8; Nyasani et al 2009:184; Ross et al 2008:19). The children are already in the care of the potential foster parent where social workers decide to leave the placement as is and assist relatives to access the Foster Child Grant to capacitate the family with financial resources to continue caring for the children. The primary objective of early intervention is to keep the child/ren with their family (Boning & Ferreira 2013:526; Ross et al 2008:39; South Africa 2006: Chapter 8).

David, a social worker in an NGO, described preventive services as follows and referred to the [case] in the file discussed: *“Preventive services at intake level is when the child is not in immediate danger, where we can prevent the worsening of the situation and prevent the child from being removed from his natural environment and shape the system to become good for the child by improving the capacity and capability of the family to better care for the child by referring to a parenting skills programme etc. In this case, if the matter was referred to us two years earlier then some sort of prevention could have been done but it never happened: [David, B3: 141-149].*

Xola, a supervisor in an NGO, described the main decision in the preventive services stage as follows: *“The main decision is to develop a treatment or intervention plan for the parents and the family and manage change whilst the children are still in their care” [Xola, B3:212-214].*

Elda, a social worker in an NGO, added:

“So the preventive services are any service you put in place to preserve a family so that you do not go to the extent of removing a child from the family. The preventive services we use is counselling, individual and family counselling to try and get the parent rehabilitated. We also have programmes run in-house by the counselling manager which are parenting skills and there is anger management. We had a bereavement programme running at one time. [Elda 115-124].

Sub-category 1.2.2.2. Removing the child into temporary safe care (TSC)

Keeping the child in the home is not the only preventive decision made by social workers. There is a dearth of local literature on this issue. Removing the child from the immediate danger and placing the child in TSC with or without a court order is also considered a preventative or early intervention decision to ensure the safety of the child while a suitable placement is explored for the child (Moore et al 2016:117; Enosh Bayer-Topilsky 2015:1771-1772; Font & Maguire-Jack 2015 5; South Africa 2006:Chapter 8).

Mike, a social worker in government, stated: *“I contract with parents to improve their situation and allow them to retain their children. However, they failed to comply then I removed the children and placed them in alternate care. If the abuse in a case is not severe then I will retain the child in the family... I only remove a child in a severe situation and it is bearable”* [Mike, A4:148-154]

Rose, his supervisor, added: *“It will be to place a child in TSC to remove the child from immediate danger* [Rose, A4:151-152].

Tebogo, a social worker in an NGO, emphasised: *“Removal of a child from its biological home is the last resort. We do preventive services at two levels, one at the case level where we counsel the children and the parents. Usually, if it is a matter of behavioural problems, we give the children tasks and we evaluate our intervention. In this case there were no preventive services because the child was already out of the home and on the streets. We do prevention before the case becomes a crisis* [Tebogo, B4:151-164].

4.4.1.2.3. Category 1.2.3. The factors influencing the decision-making during the prevention and early intervention stage of foster care services

This category discusses factors influencing the decision-making processes of social workers emerged inductively from the case file analysis and participants' responses to the interviews and includes a number of sub-category findings which participants cited, namely parents' unwillingness to co-operate; poverty; and interference from politicians, as factors that influence their decisions in the prevention and early intervention stage.

Sub-category 1.2.3.1 Parents' unwillingness to cooperate

One of the main factors influencing social workers' decisions to remove children to TSC as a prevention is the unwillingness of parents to co-operate with social workers on behavioural change. Degado, Pinto Carvalho and Gilligan (2019:98) state that the separation of children from parents is a painful process that results in a lot of hostility, anger and anguish. In some cases social workers enlisted the assistance of the court to enforce their decisions to get parents to comply, such as subjecting themselves to treatment programmes, or attending group work sessions on parenting skills. When social workers face resistance from uncooperative parent/s on the removal of a child or children, they rely on the assistance of the SAPS for their protection and to coerce parents into cooperation. They don't always receive the support they require. Sibanda and Lombard (2015:343) stated that the police officers are not trained to work on child protection matters.

Tanya, the supervisor in an NGO, shared: *"In this case the police were not much of any assistance. They said the client bit one of their officials and they were not going to get out of their car. Then we social workers had to rely on each other to distract the client while others smuggled the children out of the home. The cooperation and lack of cooperation from parents will determine if the children will be removed and placed in alternate care or removed and returned to the parents. [Tanya, B5: 159-168].*

Boitumelo, a social worker in government, explained one of the main factors as follows: *"The cooperation and willingness of the parents to improve their situation or their lack of cooperation. It is very difficult to do preventive services with the family and at the same time protect the child. When the case comes to us, it is past the stage of preventive services" [Boitumelo, A2:188-200].*

Tebogo, a social worker in an NGO, claimed: *"The main factor that influences decisions is the cooperation or lack of cooperation from both parents and the child. In this case the child cooperated well but the father didn't so we had to move the child to a place of safety" [Tebogo B4:173-176].*

Sub-category 1.2.3.2. Poverty and illness

Poverty and the high rates of maternal deaths emerged as a factor that influences social worker's decisions to place children in foster care with relatives (World Bank, DPME, StatsSA, & NDP2030 2018:16; Nyasani, Sterberg & Smith 2009:181; Bungane 2007:22-23). The poverty experienced by the applicants for foster care influences social workers' decisions to assist them with foster care placements just to access the Foster Child Grant, as a preventive service to the removal of the children. Most of the applications for foster care are for maternal orphans whose fathers are deceased or allegedly unknown. Participants expressed concern about the high rate of maternal mortality and the number of young children left without care (World Bank, DPME, StatsSA, & NDP2030 2018:16; DOH, Stats SA, SAMRC & NDP2030 2016:223; Nyasani, Sterberg & Smith 2009:181). Social workers become oversensitive to poverty in the community, especially when there are a lack of community resources to assist poor families in reducing their structural barriers to overcoming poverty (Keddell 2014:925)

Ida, a supervisor in government, stated: *"It is poverty and the need or dire situation that the family experiences. Some clients are very emotional and you tend to put more effort into assistance for them. The community where the client lives is known to be poor"* [Ida, A1:162-165].

Lerato, a supervisor in government, added: *"I work mainly in rural areas and farms and there is a high level of illiteracy and for them guardianship and adoption are not an option. They will not be able to care for orphaned children without the Foster Child Grant. The primary factor is what the least risky option is. Preventive services are not only necessary at intake but also can be done during investigation, placement and even during supervision with the foster parents to prevent the transfer of the child out of foster care"*. [Lerato, A3:272-278].

Tebogo, a social worker in an NGO, revealed: *"There are external factors that influence the demand for foster care. The death rate in this country seems to be high and that has an influence on the demand for foster care. Most of the deaths are mothers and are natural[ly] resulting from illnesses. There are also high levels of poverty in the urban, peri-urban and informal settlements. This is resulting in a high rate of child abandonment. We have a large number of child abandonment in hospitals,*

on the streets or in the care of someone else. These are considered as foster care applications. [Tebogo, B4:308-314].

Sub-category 1.2.3.3. Interference from politicians

Interference from politicians emerged as a factor that influenced the decision-making process of social workers, mainly in the government. There is some literature on the influence of politicians on service delivery, promising citizens free services, unconditional access to the Foster Child Grant (Dhludhlu & Lombard 2017:169; Hall, Skelton & Sibanda 2016:68; Ngwenya & Botha 2012:215). The participants in the NGOs did not mention political interference as a factor that influenced their decision-making in rendering preventative and early intervention services in foster care. Politicians were also said to insist that certain decisions be taken in favour of clients that they represent which were against the decisions of the social workers.

Winnie, a supervisor in government, stated, “...you have a father, the mother passed away and the father is left with these children. The politicians want you to remove the child and your experience says don’t remove the child rather do preventive services by supporting the father. But then the politicians force you to remove the child or children and place them in TSC” [Winnie, A2:236-241].

Social workers are also summoned to attend *imbisos* and community gatherings convened by politicians and respond to the concerns raised by individuals in the community. Social workers complain that they are treated like “magicians” who must solve everyone’s problems when in reality they cannot and can only respond in terms of the insufficient resources that are available.

Mike, a social worker in government, narrated: “Then we have undue pressure from politicians, if there is any disaster or any issue in the community, we social workers are dispatched to go and address the problems. We don’t have the solution to all people’s problems. We are called to respond to housing issues, basic necessities, lost IDs. Our role and responsibilities in these situations are not defined so that we can add value in terms of what we are equipped to do. In a crisis situation we can only refer and this is not really helping them. We sometimes need protection” [Mike A4:293-298]

4.4.1.2.4. Category 1.2.4. The nature of decisions made during the prevention and early intervention stage of foster care services

At the community level, there is evidence that decisions on prevention programmes in the community involve some analytics and survey of needs from caseloads. There are very limited resources for social workers to make informed decisions on prevention and early intervention and to respond to all of the needs of the poor families and communities. On an individual level, social workers only intervene when a child must be placed in alternate care to prevent further harm or to access financial resources for relatives to continue to care for orphaned children in their care. The question posed to participants was whether the decisions in preventive services are intuitive, analytical or mixed within the prevention and early intervention stage. Four participants from the NGO's and six from government stated the nature of their decisions were intuitive (50%); two participants from the NGOs stated the nature of their decisions were analytical (10%) and none from government; and four participants from the NGOs and four from government stated the nature of their decision-making was mixed (40%).

Some of the following participants stated the nature of their decision-making was **intuitive**. **Ida**, a supervisor in government, added: *"It is mainly intuitive. The social worker listens to the client and then refers him or her to the appropriate resource that can help with the need. The response depends on how familiar the social worker is with the resource that is needed"* [**Ida, A1:178-181**].

Pamela, a social worker in an NGO, stated: *"The decisions are intuitive. We only render parenting skills to parents of children found in need of care. It is the only resource that we have that we can use. We can only do what we can and in most cases very little"* [**Pamela B2:288-300**].

The following participants described their decision-making as **analytical**. **Tebogo**, a social worker in an NGO, decided: *"It is analytical combined with my skills. The decisions are made based on assessments and the information before me. I make decisions on the information I have and the requirements of the Children's Act"* [**Tebogo B4:191-193**].

Tanya, a supervisor in an NGO stated: *"I think analytical. There are procedures to follow...We also bring our experience in a lot and feelings about situations. We base*

a lot of our decisions on what we had experienced with previous clients” [Tanya, B5:183-185].

Some participants described their decision-making processes as mixed including **analytics** and **intuitive**. **Mike**, a social worker in government, indicated: *“In most cases I can say it is a combination of both, but it goes back to the experiences of the person. In most cases it is not because I take decisions because personally it is me, it goes back to theory. Even though I cannot quote any theory but when you go back to theory you can see that the decisions relate to the theory. Theory is unconsciously applied” [Mike A4:170-174].*

David, a social worker in an NGO, stated: *“I would say the decisions are mixed. We used intuition to make most of the decisions but need other professionals to provide services to enable us to be effective in our decisions. I also read a lot on a subject to gather evidence. I read journals articles to improve my knowledge and improve my decision-making” [David B3:179-183].*

4.4.1.3 Sub-theme 1.3: Participants’ descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the investigation stage of foster care services

This sub-theme emerged through deductive analysis from the literature review and by inductive analysis from interviews and files. Investigations are described as the process where the social worker undertakes an examination of the developmental and psycho-social circumstances of all parties concerned with the foster care application or placement (DSD 2009:35). The investigation stage of foster care is the most important stage of the assessment phase. It is not an end in itself and occurs continuously throughout the foster care process (Storhaug, Kojan & Fjellvikas 2018:171; Taylor 2007:69; Munro 2008:84). The purpose of this stage is to gather the evidence as to why the child is to be found in need of care according to the Children’s Act 38 of 2005 (South Africa 2006: section 150) and why the potential foster parent is the best placement for the child or children (DSD2009: 5). The lack of sound guidelines on decision-making during investigations gives the social workers incredible professional discretion on what information to collect, how to collect the information

and how to use the information to arrive at decisions (Berrick et al 2015:2; Munro 2008:10). The more an individual becomes an expert in their field, the more likely they are to rely on experiential cognition or skilled intuition drawing on their prior experiences rather than relying on analytical cognition to quantify the risk factors and identify the optimal decisions (Hackett & Taylor 2014:4).

The findings that emerged included the decision-making processes, decisions made, factors influencing decision-making and the nature of decisions made by social worker's during the investigation stage in the government and NGOs.

4.4.1.3.1. Category 1.3.1. The decision-making processes during the investigation stage of foster care services

According to the sub-categories of findings, decision-making during the investigation stage is based on evidence gathered through home visits, visits to and reports from the school, office and telephonic interviews, tools used during investigation and involvement of other professionals. These are the standard processes to gather evidence for decision-making during investigations in foster care services.

Sub-category 1.3.1.1. Home visits

Saltiel (2014:127) states that home visits are one of the most important functions of the social worker and yet there is a paucity of literature on this function. Home visits to the potential and current foster parents or the biological home of the child or children or to both, depending on where the children are living and where they are going to be placed, are significant information gathering processes for decision-making by social workers during the investigation stage of foster care services. Home visits are conducted to observe the home circumstances or the living conditions of the children, parents and the prospective foster parents, to confirm the financial circumstances of the family, interview other members of the family living in the household, interview the neighbours and observe the children in their natural environment (Saltiel 2014:142; Ross et al 2008: 37). There was agreement amongst social workers and supervisors about the need for home visits and what should be done during a home visit, namely gathering information for the decision-making on whether a child is in need of care and

protection. The social workers used Form 38b (DSD 2012:144; DSD 2009:94; Chapter 8; South Africa 2006: Form 38) to collect information on which they made written notes that also served as process notes on the file for the investigations (A1F1:87-89; A2F2:4-46; A3F3:42; A5F5:44-46; B1F6:52-55; B2F7.1:97-100). In case B3F8 (53-54) the social workers only collected the information that was required on the form to make their decisions and to enable them to complete the report for the finalisation of the case. In the case files B4F9 (40-42) and B5F10 (4-46.) there were detailed process notes on all home visits and other contacts with respect to the case. In case file A4F4 (41-42) there was not a single process note on file. The information gathered during home visits can be an issue of relative experience and vary from one social worker to another based on their moral reasoning of the situation observed (Ferguson 2011:23). The information gathered from the home visits forms the core of the social workers' assessment to determine if the child or children in need of care and protection, should continue in the existing placement or return home. However, this process gives rise to certain concerns relating to decision-making such as how to judge home situations, how to assess the hidden dynamics of the family over just one or two short visits and how to assess whether the behaviour of children in the placement is natural or staged (Saltiel 2014:144).

If the social worker is doing home visits for the review of the placements, then the social worker has the responsibility to ensure that the legal obligations of the placement such as the extension of the court orders are completed on time to prevent a discontinuity in the financial support to the foster child and family. They must continuously reassess the placement for new risks and develop mitigation plans. They must interview the child or children during all contacts in a non-threatening manner, determine the child's views, as well as that of other family members, the foster parent and the neighbours and based on their reassessment, determine if the child should be placed with the potential foster parent or continue in the placement by extending the court order. With the absence of analytic tools and the involvement of multiple professionals in the decision-making process in the assessment of child or children in the care of grandmothers and relatives, social workers use their experiential cognition and follow the prescribed procedures to make decisions (Hackett & Taylor 2014:4).

Mike, a social worker in government, explained the purpose of home visits: "*During investigations the main issue which we are focusing on, is the person who is staying*

with the child. What sort of person is the person taking care of the child? We look at the financial situation even though it is not so important. We look at the environment and the capability of taking care of the child. Some of the prospective foster parents you will find have been taking care of the child for a very long time like grannies and aunts. If there are issues we need to address. We are supposed to get information from other sources but there are so many cases we don't do it. ... I don't place confidence on neighbours, because they too don't always tell the truth so I don't bother with neighbours. I do interview other family members within the household only if there are issues [Mike A4:181-191].

David, a social worker in an NGO, added: *"An investigation is the process to gather evidence for the court to support the alternate placement. To gather the evidence, the social worker must visit the home of the biological parent and the prospective foster parent. Interview the parents, family members, neighbours and friends. Observe the home circumstances..."* [David, B3:191-196].

In most cases social workers will visit homes and find the living conditions of foster children very undesirable in terms of space constraints, support from the foster parents for education but still continue to allow the foster child to live in the poor conditions with little assistance for their challenges. This finding is supported by Saltiel (2014:127-128), and Hearle & Ruwanpura (2009:432).

Lerato, a supervisor in government, had this to say about the issue: *"In this case having 2 bedrooms is wonderful because in most cases we place children in 1-roomed shacks. Where is the line between the importance of family and monetary stability and people have managed and who am I to say it is not good?"* [Lerato, A3:481-484].

Sub-category 1.3.1.2. School visits and reports

At the core of child protection is that children in foster care should be healthy, safe, make a positive contribution to society and achieve economic well-being (Mampane & Ross 2017:12; Saraw 2009:2). A foster child's academic progress encounters many challenges reported by Schiller (2015:10). The only independent evidence used by the courts to assess the well-being of a child apart from the social worker's report, is the child's academic progress in school. Presiding officers therefore, use school records as important sources of evidence to assess the progress in the placement. A limitation

of this evidence is that the presiding officers only use a snapshot report to assess the child's well-being and not a monitoring report of progress over time with the pre- and post-placement reports to monitor progress.

Despite obtaining the evidence on school performance, it affects placements very little as articulated by **Anna**, a social worker in government:

"In this case the supervision is minimal because the child is 18 years. I just have to monitor the school enrolment for the continuation of the grant... to have an IDP [Individual Development Plan] on file because of our own individual recording style" **[Anna, A3:268-275]**.

Social workers rely extensively on school and teachers to assess, monitor and report on the child's academic progress and well-being over the period of supervision. The schools serve as a detection mechanism for problems in children's placements (Mampane & Ross 2017: 2).

Helen, a social worker in government, affirms that: *"The teachers at school are important decision-makers because they monitor the child and provide reports"* **[Helen, A1:284-287]**.

From the findings it is clear that schools are an important resource for social workers in monitoring children's progress and providing reports on their academic performance and well-being that assist social workers in making decisions about the child's placement. Schools and teachers in particular are also the most prominent referral source for child abuse and neglect, as in cases of A2F2, B1F6 and B3F8. Social workers either visit the school to observe the children or obtain a report on their academic performance electronically. Some social workers in both government (DSD) and NGOs have transport constraints, so they use a standard letter that they email to the school requesting a report on the child's academic progress and well-being.

Helen, a social worker in government, shared further: *"I will give the prospective foster parent the forms to be completed by the school to assess the child's progress in school"* **[Helen A1:179-171]**.

A study by Dhludhlu & Lombard (2017:170) found the educational system unsupportive of children in foster care that encounter challenges with learning and homework. In government there is little support provided to children who are performing poorly in school whilst in the NGOs, there are referrals for psychological

assessments and other tangible support services, like assistance with homework and extra tuition for children in weak subjects and camps for children to network.

Winnie, a supervisor in government in case A2, explained: *“We place children in the care of relatives, most of them grandparents, that are unable to assist children with their school work, go to parents’ meetings and therefore don’t know how children are performing in school. They are also unable to assist children who are not coping by getting extra tuition because they don’t have the resources to do so. The children that are placed with young foster parents at an early age are likely to finish school. It is the older children with grannies that do poorly. Because we don’t have young, educated prospective foster parents we are forced to place children with grannies”* [Winnie, A2:415-423].

Sub-category 1.3.1.3. Office and telephonic interviews

Social workers in both government and NGOs convened office interviews with the client and child or children concerned if they could not obtain all the information they required during the home visit because they made unannounced home visits and were most likely not able to meet the prospective foster parents and the child or children who would be at school. Other studies by Tupper et al (2017:95) and Saltiel (2014:143) found office and telephone interviews common processes social workers use to engage with service users.

Boitumelo, a social worker in government, stated: *“The processes I used were mainly interviews with teachers, the caregiver and the prospective foster parent and home visits”* [Boitumelo, A2:249].

Pamela, a social worker in an NGO, added: *“It is telephonic interviews, office interviews, home visits and interviews with the child and family members, school visits and interviews with teachers and observations and interaction between the children and family members and the... children’s physical appearance”* [Pamela B2:346-349].

The participants did not mention rendering any therapeutic services during investigation nor did the researcher find any process notes on the therapeutic support given to the children in need of care and protection or the prospective foster parents (Ross et al 2008:69 & 93). The office interviews are primarily to collect information that

the social worker missed during the home visits to complete the foster care parent screening and the court reports, as well as obtain the views of the child about the placement in a less constrained environment (Satliel 2014:143).

Social workers in both government and NGOs used telephonic interviews in instances to obtain information because of either time or transport constraints, to finalise reports for court. Some social workers reported that office interviews are more effective because clients provided more information than during the home visits where they are constrained by the presence of other family members.

Winnie, a supervisor in government, added: *“The social worker will call the clients to the office for an interview to gather more information on the case. We pick up that we don’t get so much information during the home visits as we do in the office interviews. The clients are more willing to share information openly in the office as opposed to the presence of other family members in the home... Telephone interviews are also done if the client is unable to come to the office”.* [Winnie, A2:321-329]

Sub-category 1.3.1.4. Tools used during the investigation stage

A study by Ross et al (2008: 92) found that there were no tools used during assessment in foster care. Social workers obtained information on the family background, home suitability and thereafter the case was finalised (Ross et al 2008: 92). The participants in this study were asked about the tools they use during investigation. The social workers in the government used Form 38 the template for the court report to guide them in collecting the relevant information required for the content of the court report, which is also used as a tool to gather information during investigations namely the details of the potential foster parent, the foster child, the biological parents, financial and home circumstances of the potential foster parent, education and history of the child (DSD 2009 94; South Africa 2006:Form 38).Form 38 is not an assessment but social workers in practice use it as an assessment tool.

Unathi, a supervisor in an NGO, articulated: *“We use Form 38 mostly. One of the gaps in practice is that social workers don’t know how to assess a child. If you cannot assess the child, you are unable to plan the well-being of the child. I feel social workers fail to understand what is going on in the child’s life, their emotional, psychological and physical difficulties. Social workers will recommend to keep parents away from children*

and when you ask them on what basis they make this decision, they are unable to motivate” [Unathi, B1:208-214]. She continued: “Social workers are unable to support their decisions with theory, research or evidence. Decisions can mainly be made on hearsay information. Observations are important but unless you confirm the observations, they become subjective” [Unathi, B1:225-228].

Fikile, a social worker in government, stated: *“I don’t use any tools but I follow the Form 38 template. I have done the same thing for 14 years and you end up implementing from your head based on your experience you have had” [Fikile A3:245-247].*

This Form 38 or similar tool was the only evidence on the case files of the information collected during the investigations stage. Some NGOs, for example, B1 and B4, followed a report template similar in form to Form 38, B5 used Form 38 template, B2 used the Cane tool and the Circle of Courage and, B3 used the Heimler tool that was discussed in the intake stage in the subcategory tools used to gather evidence. The Circle of Courage is an assessment tool that moves away from pathology and focuses on development. It is based on four developmental needs, namely belonging, mastery, independence and generosity. When the individuals functioning becomes unbalanced, the circle is assessed as broken. The social worker must assess at what point the circle is broken and develop a care plan (Perumal & Kasiram 2008:160-161).

David, a social worker in an NGO, explained: *“I also apply own assessment scales like the Hudson scales, Heimler scales, etc. and I refer to other professionals and will get reports from other professionals. I gather the information in terms of Form 38 but it does not help with decision-making. It guides data gathering” [David, B3:196-199].*

Xola, a supervisor in an NGO, added: *“With the best interest of the child, we need tools to measure the elements of Section 7... social workers use their experience to determine the best interest. We use Form 38 and the Circle of Courage to assess during investigations” [Xola, B3:286-289]*

The social worker is the only decision-maker during the investigations stage and decisions are made by experiential cognitions and following the procedures of the legislative frameworks which Kirkman & Melrose (2014:48); O’Sullivan (2011:92) and Munro (2012: 107) describe as skilled intuition.

Sub-category 1.3.1.5. Involvement of other professionals

In both the government and NGOs there are no multi-professional or multi-disciplinary decision-making with respect to the “granny grant” applications where orphans are living with relatives (Ross et al 2008:92). There is a protocol on the decision-making processes for social workers with respect to abuse and severe neglect cases (DSD 2012: Chapter 8). One of the requirements is the mandatory medical assessment of the child and Ross et al (2008:74) stated that during the assessment process for foster care services there is no involvement of other professionals in the decision-making processes and this was supported by participants in this study.

Sizwe, a supervisor in an NGO, stated that other professionals are rarely involved due to the cost factor: *“If the need arises we use the psychologist at the clinic or the hospitals but the waiting period is long because the demand is high. We don’t have the resources to use private services and therefore the use of other professionals in multi-disciplinary approach is rare”* [Sizwe B4:252-255].

Fikile, a social worker in government, stated: *“I don’t work in a multi-disciplinary team. I will refer the child for counselling if there is trauma and the child is presenting problems. With abuse cases there is a protocol that must be followed such as medical assessments, psychological assessments and treatment and I follow that protocol in those cases. I use the psychologist at the clinics and at a private clinic”* [Fikile A3:310-314].

Lerato, a supervisor in government, explained the difficulty in accessing the services of other professionals: *“Where would you find specialised services? These people cannot afford specialised services. They don’t have medical aid. We will do trauma debriefing with the child as far as we can. Those who are severely traumatised don’t even have access to psychologists, medical care, medication and clinic...”* [Lerato A3:355-359].

However, in the case of orphaned and abandoned children living with relatives, there is no mandatory medical and psychological assessments (Ross et al 2008:74). The only external reports obtained in respect of the “granny grant” applications are the school reports. Most abandoned children are infants and hospital social workers assist social workers in government and NGOs to obtain the necessary reports from other professionals and disciplines to assist the social worker with decision-making as well

as submit them as evidence to court. There is also a good multi-professional assessment process implemented by CYCCs where, in the case of any child placed in a CYCC, a joint decision-making process between the professionals in the institution and the social worker based on reports from schools on the performance of the child or children, medical reports from doctors, forensic social worker reports and psychological reports, form the basis for decisions and these reports are also submitted to court as evidence.

Elda, a social worker in an NGO, explained the procedure when a child is moved from foster care to a CYCC: *"In this case we did not use a multi-disciplinary approach to decision-making but when we place children in CYCC then the decisions are made through a multi-disciplinary team and approach with the parents as well... We always do a medical assessments Form 7 for the removal and placement of all children including 'granny grant' applications"* [Elda B5:234-243].

4.4.1.3.2. Category 1.3.2. The decisions made during the investigation stage of foster care services

There was only one finding that emerged in this category namely confirmation that the child is in need of care and protection and screening of the potential foster parent. The investigations stage in foster care services focuses primary on gathering evidence to confirm that the child or children are in need of care and protection and that the potential foster parent is indeed the best placement for the child. An important activity of the social worker during the investigation stage is to confirm that the prospective foster parent is without visible means of support and therefore collect information on the financial status of the prospective parent and the home circumstances (Nyasani, Sterberg & Smith 2009: 181; Ross et al 2008:72). Social workers do not verify the income declared by prospective foster parents with evidence. No proof of income or lack of income was found on files. Decisions are based on what the client reports. It appears that the social workers' role is to confirm destitution of the potential foster parents. There were also no variations in social workers' decisions made between intake and the investigation stages.

Tanya, a supervisor in an NGO, explained this situation: *"In this case one of the children was placed in the care of the grandmother despite her not having the financial means to care for the child. The social worker anticipated that the Foster Child Grant*

will assist the grandmother. The decision to place the child was based on the child's desire to be with the grandmother" [Tanya B5: 215-221].

Zara, a supervisor in government, explained the main decisions that must be taken in the investigative stage as follows: *"To place the child with the family that the child is already living with. To get a FCG [Foster Care Grant] for the family as soon as possible. To make sure the family is happy with the placement and the child is happy. The most important decision is the happiness of the child with the placement. In any placement we look at the ecosystem of the child and see what support exists for the foster family, especially if the foster mother is old, as in this case she is 74 years old. In this family there was an uncle who was in late 40s that could assist the foster parents in caring for the child. We don't want to remove a child from his family. We want him to belong, to know his cultural background. But if there is no support system, we normally prefer to place the child with an Aunty or some other relatives" [Zara, 223-233].*

Enosh and Bayer-Topilsky (2015: 1771) state that the majority of children from low socio-economic communities are likely to be found in need of care and placed in alternate care. The large majority of foster care cases are applications for foster care for orphan children left in the care of grandmothers and relatives by parents who are either deceased or have abandoned their children (Mampane & Ross 2017:6; Sibanda & Lombard 2015:346; Boning & Ferreira 2013:526).

In the case of abuse and severe neglect the social worker has to investigate the best placement for the child who would have been placed in TSC during intake with or without a court order, as explained by **Rose** a supervisor in government:

"In this case the child was placed in TSC and then in unrelated foster care. The main decisions are based on what the child says. If the child wants to live with an Aunty, then we must act accordingly. We normally do what the child wants. It also depends on the family if they are willing to accommodate the child. We only place children in a CYCC if the child has behavioural problems. We very rarely remove children to a CYCC until there is a real need to do so. If there is no related foster care placements then we place in unrelated foster care" [Rose, A4:194-200].

In the straightforward applications for foster care or the "granny grant" the primary reason for determining the child in need of care and protection is that "the child has been abandoned or orphaned and is without visible means of support" (South Africa

2006: section 150). Most children who are in the care of grandmothers and relatives have been in that placement before the death of the mother and therefore social workers decisions are merely to confirm the placement. In these cases the decisions are made on skilled intuition (Kirkman & Melrose 2014:25 Collins & Daly 2011:5). The social workers' decision-making is mainly procedural, confirming the information provided by the prospective foster parent, observing the children and collecting the relevant information for the screening of the foster parent and the court report (Enosh & Bayer-Topilsky 2015: 1771; Ross et al 2008:92).

4.4.1.3.3. Category 1.3.3. The factors influencing decision-making during the investigation stage of foster care services

The following factors emerged through the inductive analysis of participants' responses from the interviews and case file analysis namely, best interest of the child, reliance on information given by clients and child, age gap between foster parent and child, financial position of prospective foster parents, children are coached what to say, insufficient risk assessment at intake, to complete investigations and compliances with the legal requirements. The findings on the best interest of the child and constrained resources are discussed in the section on other factors influencing decision-making because of its relevance to all stages and phases of foster care services.

Sub-category 1.3.3.1. Rely on information given by clients and child

The decisions of the social worker during this stage were predominantly based on the information provided by the potential foster parent. Ross et al (2008:38) also mentions that the information provided by the potential foster parents were primarily considered by the social worker (Ross et al 2008:38).

In this case **Gail**, a social worker in government, considered the verbal information provided by the potential foster parent to be correct: *The paternal uncle reported that there are no maternal relatives alive and thus he could not get any information on the previous placement. Clients giving us the correct information is very important. Clients will come with only one set of documentation and that is of the mother. There is often no documentation for the father*" [Gail A5:287-291].

Social workers' and their supervisors stated that they also consider the children's views and that the child's views are the most important consideration in the social worker's decision-making processes. **Winnie**, a supervisor in government, indicated: *"At this stage we take the preference of the child. Whether the foster parent is working or not working or the home conditions is not ideal is not important"* [**Winnie, A2:345-346**].

Rose, a supervisor in government, added: *"In this case the child was placed in TSC and then in unrelated foster care. The main decisions are based on what the child says. If the child wants to live with an Aunty and then we must act accordingly. We normally do what the child wants. It also depends on the family if they are willing to accommodate the child. We only place children in a CYCC if the child has behavioural problems. We very rarely remove children to a CYCC until there is a real need to do so. If there are no related foster care placements then we place in unrelated foster care"* [**Rose, A4:193-200**].

In most investigations there is a willing foster parent and a willing child and the social worker proceeds with the placement as articulated by **Mike**, a social worker in government: *"We only focus on the foster parent and the child. If the foster parent is happy and the child is happy, we don't bother to get any additional information"* [**Mike A4:204-205**].

Contrary to this articulation a study by Schiller (2015:7) found that adolescents were not sufficiently consulted on their placement decisions during investigations and they reported that family members made decisions on their behalf. There were no recordings in any of case files of the social worker obtaining evidence from other parties, other than that of the potential foster parent. In view of the lack of alternative placements for children it may not be relevant to collect evidence for decision-making beyond the prospective foster parent and the child. The availability of placement resources influences decision-making processes of social worker's fairly significantly (Moore et al 2016:119; Font & Maguire-Jack 2015:70; Ross et al 2008:99). In the absence of available resources, choice is limited.

Sub-category 1.3.3.2. Age gap between foster parent and child

In cases in both government and the NGOs children were placed in the care of very old grandparents. In both cases the grandparents were the only relatives willing to care

for the child (Nyasani, Sterberg & Smith 2009:181). Hearle & Ruwanpura (2009:433) write about this “burden of care”. Rather than considering an unrelated foster care placement, social workers placed the child with the very elderly grandparents. Some authors stated that it is very important that children are matched with foster parents to ensure placement stability. However in the absence of placement options children had no choice in the decision-making processes (Zeijlmans et al 2018:461; Moore et al 2016:127; Drah 2016: 9; Hearle & Ruwanpura 2009:426).

Gail a social worker in government stated *“In this case I had to get the paternal uncle living with the grandparents to assist with the care, control and discipline of the young boy because the grandmother is old - 74 years”* (260-261). She added: *“In this case the age (gap) between the foster parents and the child was big. In this case the FCG [Foster Child Grant] lapsed in 2012 and for five years the child had no source of income. The grandfather was supported by his wife’s pension”* [Gail, A5:272-282].

Mike, a social worker in government, also mentioned the age gap: *“The main factor we encounter is that the foster parent is too old to care for the children in their care. We may opt for a younger person within the family. Sometimes we find there is a maternal family and there is a paternal family. We have to bring both families together and decide collectively who will take care of the child”* [Mike, A4:205-209].

Elda, a social worker in an NGO, explains why she placed a 7 year old with a 68 year old grandmother: *“We did explore placement of the two younger children with the grandmother but she said she could not cope. The older child wanted to stay with the grandmother and her older sister and then we placed her with the grandmother”* [Elda, B5:194-196].

Sub-category 1.3.3.3. Children are coached on what to say to the social worker

Orphaned and abandoned children are very vulnerable to their caregivers. For most children it is the only home they have known since the demise of their parent (Nyasani et al 2009:184; Ross et al 2008:9). Children are often in a state of shock and distress about their care (Ross et al 2008:9). They often are not aware of their assets or about the Foster Child Grant that their caregiver will receive in respect of their care. They assume care is provided as an act of goodwill and have a sense of gratitude to their carers’ and fear of the unknown (Nyasani, Sterberg & Smith 2009:181).

Social workers are aware that children are unable to express their feelings freely and openly as stated by **Zara**, a supervisor in government: *“When we interview the child with the prospective foster parent, it is a challenge because the child will never be open. It is also challenging when we say we want to interview the child at school because at school the children become stigmatised and teased by other children”* [Zara, A5: 239-241].

A study by Schiller (2015:7) also found that relatives spoke on behalf of children and adolescents were not involved in the decisions about their placements.

Mike, a social worker in government, said: *“Children are coached to say things. The children will agree with everything. They always say they are happy”* [Mike, A4:202-205].

Sub-category 1.3.3.4. Insufficient risk assessment at intake

One participant stated the initial assessment at intake is critical in laying the foundation for subsequent services in foster care. If a solid comprehensive assessment is not done at the intake stage, it is very difficult for the subsequent social workers to identify the risks and respond to them comprehensively (Moore et al 2016:125; Ross et al 2008:92). Furthermore, there is a large time gap between intake and the investigations and many situations also change quite radically in-between. Hence, if a comprehensive assessment is done at intake, the field social worker can evaluate the changes and reassess the risks during the investigation stage for instability in the placement and thus prevent the constant movement of children from one placement to another (Moore et al 2016:125). However, other authors have found that risk assessments, while providing valuable information, may have their limitations. Two such limitations are their quantification and the way they are used in practice to influence decision-making (Keddell 2014:924; Tupper et al 2017:91)

Xola, a supervisor in an NGO, explains: *“This is why I say the risk assessment at intake is critical and you need a plan for the whole family and out of that plan to have other plans. How do you reconnect the family, is it viable to reunite child and family? The factor that is influencing our lack of effective reunification decisions is that our risk assessment processes at intake is not correct and because it is not correct that is why we missed the treatment plan for the father. Who knows this child may still have the*

need for his father in his life and that is a big gap. We really need to look at risk assessment at intake.” [Xola, ?:299-305.

Sub-category 1.3.3.5. Compliances with the legal requirements

During investigations social workers also follow up to ensure clients have complied with all the legal requirements that are necessary for the court inquiry (DSD 2012:144). Some potential foster parents comply promptly as explained by **Boitumelo**, a social worker in government: *“Our clients comply with all the requirements and do so very quickly because they want the foster child grant” [Boitumelo, A2:275].*

Joyce, a social worker in an NGO, explains the requirements: *“The rest of the requirements are the documents that just accompany the report to the court and these are the birth certificates, the IDs, the sexual offence affidavit, the police clearance, the advertisement for the missing parent and the affidavit by the child and foster care that they agree with the placement” [Joyce, B1:171-174].*

The onerous administrative requirements by the presiding officer have been written about by several authors, some described it as unrealistic with service users sent from one Department to another (Sibanda & Lombard 2015:340; Ngwenya & Botha 2012:215)

Participants in both government and NGOs stated that the requirements constrained their resources even further and contributed to delays in processing foster care applications.

Sizwe, supervisor in an NGO, explained the impact of the compliance requirements on their constrained resources: *“Then we have a challenge with Form 30s. Before there was a magistrate and she was lenient to say if you don’t have a Form 30, she will just ask you to do a sexual offences affidavit where the client says she was never involved in any sexual offences. Now the new Magistrate is very strict. She will not finalise a case without a Form 30 outcome, so that inquiry has to go to Pretoria. We have to drop the Form 30s because they get lost and then go after a while to pick them up because if the Department posts the Form 30s, the client (does not) understand the purpose of the certificate and some clients live in informal settlements and don’t have addresses and won’t get the form through postal services. Last week we published*

about twenty adverts to look for unknown fathers and it cost us a lot of money that we don't have. This Friday we published nine. The courts expect you to file all the documentation that is required. Sometimes it is about twenty pages for a single case and we have over a one hundred cases per year. We have to make three sets of the documents, one for court, the other for our file and a set for DSD. This means using a lot of paper, printing and ink cartridges. It is a lot of stationery. To save resources we inform the court that we print back-to-back. I also tried to trim the content of the report to reduce the pages" [Sizwe, B4: 220-240].

Zara, a supervisor in government, added: *"Our presiding officers require either a police clearance or a Form 30 in Kagiso and Protea, in Roodepoort Form 30 strictly and nothing else. We are receiving Form 30 on time, it is just the 21 days. Ah shame the national office has improved in terms of the turnaround time. We are not experiencing problems as we did before. We have adequate budget for the adverts, it is just the time period of the adverts. It is more a matter of poor planning on our side. We know the order will expire in two years and we know how long take for Forms 30 adverts to process. We can plan around these time frames to avoid backlogs" [Zara, A5:264-271].*

4.4.1.3.4. Category 1.3.4.. The nature of decisions made during the investigation stage of foster care services

The participants described the nature of their decision-making processes during the investigation stage of foster care as being either analytical where tools were used to make decisions (Kirkman & Melrose 2014:16; Collins & Daly 2011:30; O'Sullivan 2011:90), or mixed comprising of both analytical processes and intuition referred to as practice wisdom (Kirkman & Melrose 2014:16; Collins & Daly 2011:30; O'Sullivan 2011:91). None of the participants stated that their decision-making processes were purely intuitive based on experience and practice knowledge over the course of time (Kirkman & Melrose 2014:18; Collins & Daly 2011:30; O'Sullivan 2011:90). The responses were varied between governments and NGOs. Three participants in government and two in NGO's stated that the nature of their decision-making was analytical (25%). Seven participants in government and eight in the NGOs claimed that the nature of their decision-making was mixed (75%).

Some of the following participants described the nature of their decision-making as **analytical**.

Rose, a supervisor in government, maintained: *“It is analytical because we weighed the pro and cons of the situation. Sometimes the social worker’s experience and gut feelings also influence the decisions”* [Rose, A4:229-231].

David, a social worker in an NGO, stated: *“Investigation is 90 % analytical and 10 is intuitive... the decision is dependent on so many sources”* [David, B3:232-233].

Some of the participants described their decisions as **mixed**. **Tanya**, a supervisor in an NGO, claimed: *“The decisions are mixed. We use the court report template to collect the information and do so from multiple sources and make decisions based on our assessments of all the information put together”*. [Tanya, B5:266-267].

Anna, a social worker in government in case A3 stated: *“The decisions are mixed. I have to gather evidence to support my decisions. I use many sources to gather the information and then I use my experience to make the decisions. I also use more than one method to gather the information, namely observations, home visits and interviews”* [Anna, A3:286-289].

Lerato, a supervisor in government, added: *“I think it is mixed. With the older social workers it is more mixed but with younger social workers there is more guidance. The social workers have an idea of what they think should be done but they confirm it with other sources”* [Lerato, A3:374-376].

4.4.2 Theme Two: Participants’ descriptions of the decision-making processes, the decisions made, the factors influencing decision- making, and the nature of decisions made by social workers during the placement phase of foster care services.

The placement phase of foster care is also known as the statutory phase and is the process of removing a child from his/her biological parents by bringing the child before the presiding officers of the Children’s Court in order for a decision to be made regarding the child’s need for care and protection and placement in alternate care (DSD 2009:38). Placement decisions are decision-making processes about the

placement of a child in foster care or such alternate care as the presiding officer deems appropriate (Epstein et al 2015:225). Zeijlmans et al (2018:458) describes placement in foster care as placing the child with the best possible foster parent through a process of matching the child with the potential foster parent.

In South Africa, the placement phase of foster care is primarily complying with legal procedures in terms of the Children's Act.38 of 2005 in placing the child in foster care (DSD 2012: Chapter 8; South Africa 2006: section155). Statutory processes can be initiated at the intake stage in the cases of urgent removals with a court order in terms of Section 151 of the Children's Act 38 of 2005 or without a court in terms of Section 152 of the said Act (South Africa 2006: section 151 &152). The child or children are placed in TSC pending the finalisation of a court enquiry for placement determination. If a child is placed in TSC without a court order, the social worker has to inform the court of the removal within the next court day (South Africa 2006: section 151 &152).

There are no official norms and standards with respect to the placement of children in foster care but the Children's Act.38 states that the placement process must be completed within 90 days of the initial inquiry (South Africa 2006: section 155). The statutory phase of foster care is well documented in an information guide on the management of statutory services in terms of the Children's Act 38 of 2005 (DSD 2012: Chapters 1-10). The placement of a child in foster care can be for a period of 2 years and is very unlikely to be for a lesser period because a child can be in TSC for a minimum period of 6 months and, a maximum period of 16 years after the initial order (South Africa 2006: section 159). All initial placement orders are for a period of two years in terms of section 159 of the Children's Act (South Africa 2006:159) because the court uses the initial two years to evaluate the placement before issuing an order for the full duration of the placement in terms of section 186 of the said Act. The decision-making processes during the placement phase of foster care should be legal, rational, evidence-based, formal and accountable in terms of the Children's Act 38 of 2005 and the Constitution of South Africa (Thomaz 2019:2).

The sub-themes emerged from the inductive analysis of the interviews with participants, social workers, their supervisors and their respective case file analysis in both government and NGOs. In the following paragraphs the theme is broken down into sub-themes and categories of findings.

4.4.2.1. Sub-theme 2.1. The decision-making processes during the placement phase of foster care services

The sub-theme decision-making processes during the placement stage of foster care are informed by the submission of the report and all the relevant documents in terms of the legislative and court requirements for a court hearing, preparation of the child and the prospective foster parents for the hearing and the placement, tools used during the placement phase and the involvement of other professionals.

4.4.2.1.1. Category 2.1.1. Submission of the report and all the relevant documents in terms of the legislative and court requirements for a court hearing

A foster care placement can broadly be divided into two types, firstly the applications where a child was urgently removed and placed in TSC and within 90 days the placement process must be finalised in terms of the Children's Act.38 of 2005 and, secondly, the applications for foster care where the report and supporting documents are submitted to court, a date is obtained for the court hearing, and the inquiry is initiated and finalised on the same day (DSD 2012: Chapter 8; South Africa 2006: section 152 & 155).

In the case of children in TSC, the social worker must submit all the forgoing requirements plus the medical report, forensic social workers' reports and other reports as requested by the court within 90 days from the initial court inquiry (DSD 2012: Chapter 9; DSD 2009:38-39; South Africa 2006: section 155(2)).

Boitumelo, a social worker in government, explained the urgent placements in TSC: *"...I spoke to the child. I spoke to the prospective foster mother and she agreed to care for the child and we removed the child to the home of the prospective foster mother. We allowed the child to stay with the foster mother. I called the child and found out how she liked the place and I also called the foster mother and asked her how the child was adjusting. The placement was an emergency one and we did not have the time to do an individual development plan with the child and foster parent"* [Boitumelo, A2: 300-307].

The placement process is generally different for the government because government authorises the TSC placements and has to issue a certificate which is more easily accessible to their social workers than the social workers in the NGOs. The NGOs experience certain unique challenges in getting approval for TSC placements and meeting the court requirements which adversely affect the speed at which children are placed in TSC.

David, a supervisor in an NGO, explained these challenges aptly: *“The requirements for court are quite extensive. DSD makes their own rules. We have difficulties with DSD in obtaining Form 39 for TSC. We have to first get consent from DSD to place children in TSC and they will refuse saying the home has too many children. They can decline your place of safety and it can make it very difficult. Form 39 is approval to provide TSC. The procedure to get Form 39, you move the child in terms of Form 36, you go with the Form 36, you write a place of safety screening report, with those two documents and the statutory required documents, namely screening report, sexual offence certificate, police clearance certificate and identity document, (if they are not available you can do an affidavit) you go to DSD and you present that to the canalisation officer and if the canalisation is satisfied with all the documents, she will issue you with Form 9 approval of the place of safety and you then go with a placement report and all the documents to court for a TSC inquiry and court issues with a TSC order. The form can take about an hour”* [David, B3:348-362].

The social workers must ensure that the screening report and Form 30 for the TSC is completed if the child is placed with an individual. This process is not required if the child is placed in TSC at a CYCC.

In all court inquiries with respect to placements in foster care, the social worker is required to submit her/his report and supporting documentation which include the identity documents of the child and the prospective foster parents, the screening report of the prospective parents, certificate in terms of Form 30, police clearance certificate, copy of the advertisement for the missing parent and an affidavit by the prospective foster parent and child agreeing to the placement, three months or 90 days before a date for a court hearing is set down (South Africa 2006: section 155(2)).

The second type of inquiries are mostly the straight forward applications for foster care or “granny grants” (South Africa 2006: 155(6)(b) iv). **Gail**, a social worker in

government, explains: *“I submit the report and other relevant documentation to court and the court gives us a date for the hearing. Before the appearance in court, I discuss the report with the client. Then upon the court inquiry, if the presiding officer is happy with my recommendations, he issues an order for the placement... For us there is very little preparation because in most cases the child is already placed with the prospective foster parent. 95% of all the applications we receive are related foster care placement”* [Gail, A5:326-333].

Xola, a supervisor in an NGO, stated while some basic documents are mandatory in terms of legislation: *“Different presiding officers have different procedures and interpretations”* [Xola, B3: 581].

When a court date is available the hearing is scheduled. Obtaining the necessary documentation such as a clearance certificate in terms of Form 30, police clearance certificate and advertisement for the missing father is a time bound process (DSD 2012:Chapter 9; DSD 2009:38-39). During the placement phase the social worker makes her decisions in terms of her recommendation in her/his report to court. It is the duty of the presiding officers to deliberate on the evidence and decide if he/she accepts the recommendation or not (DSD 2012: Chapter 9; DSD 2009:38-39). In cases where a Children’s Court inquiry was initiated, the placement process can be monitored in terms of Section 155(2) of the Children’s Act 38 of 2005 with respect to the 90 days norm for the finalisation of the cases (DSD 2012: Chapter 9; DSD 2009:38-39; South Africa 2006: section 155). However, in the vast number of cases which are applications by relatives for foster care placements, it is difficult to monitor these cases for compliance with respect to Section 155(2) of the Children’s Act 38 of 2005 because the courts have no records of when the clients made contact with the social worker (South Africa 2006: section 155, DSD 2012:Chapter 5). There was no difference between the government and the NGOs with respect to compliance with the court requirements for the placement of children in related foster care.

4.4.2.1.2. Category 2.1.2. Preparation of the child and potential foster parent for the hearing and placement

Preparing children for the foster care placement is one of the most important processes of this phase (Vanderfaeillie et al 2016:364). According to the participants, most

placements for foster care do not require preparation by the social worker because the children are familiar with the prospective foster parent and have been living with the family before the application for foster care (Drah 2016:4; Hearle & Ruwanpura 2009:424; Nyasani et al 2009:182; Ross et al 2008: 8). Participants in this study estimated these cases to be between 70-95% of their caseload.

Joyce, a social worker in an NGO, placed a child with a grandmother with whom the child had no relationship, stated: *“The grandmother before the placement was aware of the child but had no contact with the child. I did not have much time to socialise the child into attachment with the grandmother and vice versa. The placement was immediate and without much preparation”* [Joyce, B1:222-224].

Unathi, Joyce’s supervisor in an NGO, added: *“In our organisations between 70 and 75% of the children are already in placements when they approach us for the legal placements. So if during the investigations, there is nothing serious to threaten the best interest of the child, the child will be placed there. So the decision is taken for us and we just follow the processes of placing the child in their care. The reason for the placement is the lack of visible means of support”* [Unathi, B1:275-279].

The court enquiry is merely a procedure to legalise the child’s living arrangement and enable the foster parent access to the Foster Child Grant. In terms of the recording in the case file, there was no preparation for children moved to TSC because social workers do not have the time to undertake preparation in urgent removals. However, children who were moved from TSC to unrelated foster care or even related foster care, were prepared where the prospective foster parent was encouraged to visit the child in TSC and develop a bond with the child or the child visited the home of the unrelated foster care parent and was allowed to spend a day to acclimatise to the new environment.

The following storylines attest to this. **Tebogo**, a social worker in an NGO, stated: *“When the child was in TSC I arranged visits for the child with the prospective foster parents during the weekend and over the school holidays. The visits worked well and formed the basis for my decision to place the child with this foster parent”* [Tebogo, B4:279-285].

Sizwe, a supervisor in an NGO in case B4, added: *“Before the court hearing, we do a group training with all the prospective foster parents. They sit in a group and we say*

guys we are preparing you for court, the do's and the don'ts and we say that you must bring a lunch box for the children because the wait could be long. We say don't speak on behalf of the child at court, come dressed appropriately and that you must take the court order and go to SASSA to apply for a foster child grant. SASSA will only see you on a certain date and we also tell them the documents that SASSA requires to process the application. Then we also tell them that after you are done and have a court order, the social worker is also coming from time to time to review the placement. After every two years, they must make sure they come to the social worker three months before the expiry of the court order to renew the order" [Sizwe, B4:264-275].

4.4.2.1.3. Category 2.1.3. Tools used during the placement stage

There is evidence of an international trend in child welfare systems, and social workers in particular, using standardised assessment tools as decision-making processes for the matching of the foster child with the foster parent to ensure stability in the placements (Epstein et al 2015:224.) Epstein et al (2015:224) state that decisions on placement that are congruent with decision support algorithms based on standard assessments of the child's needs and the potential foster's parents needs tend to more likely achieve positive outcomes than decisions that are incongruent with the decisions of the algorithms. A suitable match between foster parent and foster child is considered essential to ensure successful placements and a mismatch is likely to increase the risk of unsuccessful placements (Zeijlmans et al 2018:458). The Children Act 38 of 2005 has prescribed a template for the compiling of the court reports (DSD 2012:135; DSD 2009:94; South Africa 2006: Form 38). Participants in both government and NGOs reported using Form 38 as a tool to gather the relevant information to make decisions about placement and to compile their reports for court in respect of the child or children's placement. There was no evidence of a placement matching tool being used to assess the stability of the placement. The participants when asked what tools they use to guide them in decision-making about the placement, the following storylines were articulated.

Anna, a social worker in government, referred to the tools used during placement: *"Form 38 only and a checklist for court requirements. In the Children's Act the advert for unknown parents, completion of Sexual Offences Act and Form 30... For the initial*

placement we rely on what the child says. Child is present to give evidence in court” [Anna, A3:220-224].

Lerato, a supervisor in government, stated: *“Form 38 that is prescribed for the court report. Also the Children’s Act and the Constitution”* [Lerato, A3:394-395].

Joyce, a social worker in an NGO, indicted: *“It is mainly the report template (Form 38) guided by sections of the Children’s Act and all the relevant documents that must accompany the report”* [Joyce, B5:214-216].

There is a comprehensive information guide on the management of statutory services in terms of the Children’s Act 38 of 2005 to assist social workers in the interpretation of all sections of the said Children’s Act with respect to the removal and placement of children in alternate care and on the content of the social worker’s reports for court proceedings (DSD 2012: Chapters 1-10). Social workers and supervisors at the local offices in government and in NGOs did not have copies of this guide. It seems from storylines that the decision-making processes of the participants were based on skilled intuition (Kirkman & Melrose 2014:18; Hackett & Taylor 2013:4, O’ Sullivan 2011:90).

4.4.2.1.4. Category 2.1.4. Involvement of other professionals

From the interviews and case files, involvement of other professionals was clarified. Ross et al (2008:74) mentions the scarcity of professional services to support the work of social workers. The professional expertise that is required for the successful placement of children in foster care especially unrelated foster care, is within the scope of the social worker (Zeijlmans et al 2019:10). The presiding officers is the ultimate decision maker in the Children’s Court inquiry in determining if a child is in need of care and protection. The social worker only makes a recommendation for the well-being of the child. The Children’s Act.38 of 2005 in terms of Section 177 allows a child to appeal a decision (South Africa 2006: section 177).

Ida, a supervisor in government in case A1, confirmed this: *“The Commissioner of Child Welfare is the main decision maker”* [Ida, A1:282].

However, as part of the formalities of the hearing, the presiding officers will inquire from the child or children if they wanted a legal representative and should they request one, one is duly appointed. The only professionals involved in the decision-making

process during placement are the social worker, the presiding officers and the legal representative of the parent or child if they chose one. Rarely do children and biological parents request the services of a legal representative to challenge the decisions of the social worker.

Anna, a social worker in government, shared: *"It depends on the specifics of the case. The use of attorneys in foster care is rare"* [Anna, A3:236-237].

Lerato, a supervisor in government, added: *"There is a legal department in DSD. Have I ever had contact with them in 20 years? No. Have I worked on difficult cases? Yes. We testify very much on our own. We have requested a lawyer be appointed for the child by Legal Aid when a child must be protected from the parent. In other matters the court will appoint a lawyer for the child. We might have a panel discussion before the finalisation of the placement. The panel will comprise of the social worker working on the case, supervisor, prospective foster parent, biological parent, and hospital social worker, teachers from the school, a social worker from a CYCC and other social workers based on their experience. We involve a junior social worker for learning experience and senior social worker for added input. It depends on the nature of the case. We have a panel two to three times a week. I strongly believe in panels because it takes the power of a decision from one person only. The children are also part of the panels but are spoken to separately. My manager doesn't see the value of the panels"* [Lerato, A3:423-436].

Hence, the decision-makers are the social worker and the presiding officers of the Children's Court. In the writings of authors Sibanda & Lombard (2015:340-341) and Ngwenya & Botha (2012:215) mention is made of the challenges social workers experience with presiding officers. Should the presiding officer require a report from a professional other than the social worker, he/she will request it from the social worker. In most cases the social worker will exercise the discretion to obtain a report on an issue related to the child or family and include it as evidence in her report to the court or as additional information to support her recommendation. Apart from this there is a scarcity of literature on the interaction of other professionals and foster care.

Helen, a social worker in government, stated: *"I will make reference to the reports of specialists in our reports and in some cases attach the report, especially if a specialist report was requested by the court. Sometimes Legal Aid can be involved especially*

when children are older and they exercise their right to representation” [Helen, A1:232-235].

4.4.2.2. Sub-theme 2.2. The decisions made during the placement phase of foster care services

There were no significant differences in the decisions made between social workers in government and NGOs. In both sectors social workers made recommendation/s supported by the motivation in their reports and it was the presiding officers who must determine if he or she agrees with the recommendation/s of the social worker and issue an order in support of the recommendation/s. The following decisions were made during the placement phase.

Category 2.1.1 Submission of the report and all the relevant documents in terms of the legislative and court requirements for a court hearing

4.4.2.2.1. Category 2.2.1. To place the child in foster care (related or unrelated)

In most cases the presiding officers accepted the recommendations of the social worker to place the child in foster care with a related or unrelated foster parent.

Xola, is a supervisor in an NGO, explained: *“It is rarely that the presiding officer disagrees with the recommendation of the social worker and if they do disagree they will adjourn the hearing and give you an extension to return to court. Some presiding officers will call the social worker and supervisor the day before the hearing to discuss areas of disagreement and arrive at an agreement for the hearing the next day. If you have good relations with the presiding officers, they will call you and tell you that you must go and verify the information that they have concerns with” [Xola, B3:392-397].*

Helen, is a social worker in government: *“I only make a recommendation. It is up to the Commissioner to accept or reject the recommendation. Most times the Commissioner accepts the recommendation but there may be times when more information is requested or a parent must be traced, then a temporary order for placement will be made pending the final enquiry. In most circumstances the temporary order is for a period of six months” [Helen, A1:216-223].*

The presiding officers always issue orders for a duration of two years in all unrelated placements. In related placements, if there are biological parents or one parent is unknown then orders of a two year duration are issued. If both the biological parents are confirmed as deceased then the presiding officer may issue orders for more than a two year duration, most times after an initial two year placement, as confirmed by the following storyline.

Pamela, a social worker in an NGO, stated: *“If the child has a parent then a child is placed for two years in terms of section 159. If there are no parents and the child has been with the foster parent before placement then we recommend a longer placement in terms of Section 186 and we still do supervision but less frequently, maybe a visit once in a year or once in two years”* [Pamela, B2:415-426].

There are situations where the presiding officers may not be happy with the social workers report and evidence presented and request for additional evidence.

Lerato, a supervisor in government in case A3: *“There can be situations when the court may call for more evidence, there are situations when clients do lie. We have had situations where during the whole investigation the whereabouts of the father are unknown and then in court the child says he saw his father yesterday. In the court process information can come out which clients did not disclose during investigations”* [Lerato, A3:403-407].

4.4.2.2.2. Category 2.2.2. Application for the Foster Child Grant

When the presiding officer accepts the social workers recommendations and issues the order, the social worker then guides the foster parent to apply for a Foster Child Grant (Mampane & Ross 2017:13; Boning & Ferreira 2013:526; Hearle & Ruwanpura 2009:427). Social workers consider this a significant function.

Lerato, a supervisor in government, described this function: *“Then there is the after phase, where you give the order to the client and explain it to them and advise them to go to SASSA and apply for a social grant. Their rights and responsibilities. How to apply for a passport, access (to) medical care and enrol the child in school. If there are biological parents then how contact will be structured, so that the parents know what is expected of them. If there is contact how the contact will be structured”* [Lerato, A3:381-391].

Sizwe, a supervisor in an NGO, explained how the social workers prepare the clients: *“We say don’t speak on behalf of the child at court, come dressed appropriately and then you must take the court order and go to SASSA to apply for a Foster Child Grant. SASSA will only see you on a certain date and we also tell them the documents that SASSA requires to process the application”* [Sizwe, B4:264-267].

Social workers do not guide the foster parent on the how the Foster Child Grant must be utilised in the best interest of the child. This gap in their decision-making processes can result in conflicts amongst relatives about the utilisation of the Foster Child Grant by the foster parent (Hearle & Ruwanpura 2009:427).

Crystal, a supervisor in an NGO, requested guidelines on how to educate foster parents on the use of the Foster Child Grant: *“Maybe have things that the Foster Care Grant cannot be used for. For instance, the foster parent uses the grant to buy furniture for the children, then whose furniture is it, the foster parent or the foster child? It is important for both the foster parent and child to know what the grant can be used for”* [Crystal B2:394-397].

Boitumelo, a social worker in government, stated: *“Some of the factors that get missed are the assets of the children, the income of the children from estates and the foster child grant that results in other family members also wanting the additional income and assets and thus disrupting the placement”* [Boitumelo, A2:412-416].

4.4.2.3 Sub-theme 2.3. The factors influencing decision-making during the placement phase of foster care services

The factors that emerged from the interviews with participants and case file analysis in government and NGOs were the willingness of the prospective foster parent to care for the children, suitability of the prospective parent, child’s willingness to live with the prospective foster parent, best interest of the child, different interpretations of the law and availability of suitable facilities for children in courts. The findings on the best interest of the child was moved to other factors as it influenced all the phases of foster care.

4.4.2.3.1 Category 2.3.1. Willingness of potential foster parent to care for the child

To consider the placement of the child in the care of the prospective foster parent, the prospective foster parent is required to complete an affidavit agreeing to care for the child. One of the primary factors that influences the decisions of the social worker to place the child with the prospective foster parent and for the court to approve the placement is the prospective foster parent's willingness to care for the child, whether is it through choice or obligation (Zeijlmans et al 2018:460; Nyasani et al 2009:184; Ross et al 2008:37).

Joyce, a social worker in an NGO, stated: *"The grandmother was the only relative willing to care for the child and our first option is to always place children with relatives before we consider unrelated placements"* [**Joyce, B1:226-228**].

Unathi, a supervisor in an NGO, indicated: *"The only factor that influences kinship placements is the willingness to care for the children because there are no options. Believe me very often the motive to care for the children is not always good but they are willing to care for the children"* [**Unathi, B1:296-296**].

Crystal, the supervisor in an NGO, added: *"The willingness of the maternal grandmother to take care of the child. The child was disabled and finding a placement was difficult"* [**Crystal, B: 327-328**].

4.4.2.3.2 Category 2.3.2. Prior experience with foster care and suitability of potential foster parent

In the case of the "granny grant" or related foster care applications, the social worker did not use any criteria to assess the suitability of the potential foster parent or assess their experience in fostering children. There are similar findings in other studies (Zeijlmans et al 2018:460; Nyasani et al 2009:184; Ross et al 2008:39).

Joyce, a social worker in an NGO, reported: *"The grandmother was the only relative willing to care for the child and our first option is to always place children with relatives before we consider unrelated placements"* [**Joyce B1:227-228**].

Hearle & Ruwanpura (2009:426) write about the "burden of care" as alluded to by **Unathi**, a supervisor in an NGO:

“Very often social workers dump children with grandparents. In some cases there is no relationship between the child and the grandparent as in this case. I think they think it is family and that a relationship will develop automatically and the child will adjust” [Unathi, B1:301-303].

In the case of unrelated foster care placements each social worker had a set of core pre-screened potential foster parents that they used as a resource for TSC or unrelated placements. This is a resource bank not unique to participants but to most social workers (Zeijlmans et al 2018:460; Font & Maguire–Jack 2015:4; Ross et al 2008:37). Social workers constantly use their pool of pre-screened potential foster parents, enabling them to acquire the experience with fostering and assess their suitability over period of working with them as expressed in the following storyline.

Boitumelo, a social worker in government, stated: *“In this unrelated foster placement I knew the foster parent since four years now. This is not the first child I placed with her. She took other children into her care before. I considered her suitable for this placement because she has a big house, it is clean and neat and she has love for children. She has the well-being of the child at heart. The foster parent is not the same ethnic group as the child. The referral by the teachers influenced our decision to act fast on the case. They will call us every day and complain about the neglect of the child, pressurise us to do something”* [Boitumelo, A2:319-332].

4.4.2.3.3. Category 2.3.3. Different interpretations of the law and court procedures

As the presiding officer of the court makes the final decisions in the form of a court order during the placement stage, his/her interpretation of the law is a deciding factor in a case and participants stated that, in some instances, they did not agree with the presiding officer’s interpretation of a section of the Act, especially if his or her predecessor interpreted the Act in a particular manner and set a precedent. Similar findings on the variation in the interpretation of the Children’s Act between social workers and presiding officers were found in other studies (Sibanda & Lombard 2015:340; Boning & Ferreira 2012:540; Ngwenya & Botha 2012:215). The requirements of the court also changed when presiding officers change and hence social workers have to adapt to changes in the rules, procedures and requirements of

the court from time to time (Sibanda & Lombard 2015:340; Boning & Ferreira 2012:540; Ngwenya & Botha 2012:215).

Pamela, a social worker in an NGO, stated: *“Then you get to court, you don’t find the court magistrate and another magistrate presides over the matter and they don’t understand why this child must be removed and the magistrate wants to see the mother and issues a summons for the mother and then you must go and look for the mother who is homeless and a drug addict. Mother must come to court and the mother does not come to court and only then the child is placed”* [**Pamela, B2:460-465**].

This challenges their decision-making processes and causes them further delays in finalising matters. Sibanda & Lombard (2015:340), and Ngwenya & Botha (2012:215) have written about the unrealistic demands of presiding officers and the challenges social workers experience with the different interpretations of the sections of the Children’s Act with different presiding officers.

Rose, a supervisor in government, responded: *“The magistrate is now requiring a mother link. If one of the parents is dead and the father is alive and is unemployed then magistrates are reluctant to do the placement. The magistrate says that there are many children out there living on the Child Support Grant why is this an exception? If both parents are alive but not living with the child, the magistrates will not entertain the matter”* [**Rose A4:250-255**].

There have been incidents where different presiding officers have interpreted the legislation differently and the assistance of the High Court was sought for an interpretation. There continues to be variations in the interpretation of the legislation. Some presiding officers require social workers to get court orders for extensions that were administratively extended by government and others do not. Some presiding officers insist on having all children present in court for all extensions whilst others don’t, as articulated by **Queen**, a social worker in government:

“Some presiding officers would want to see the child and foster parents in a 159 enquiry but others don’t” [**Queen, A4:132**].

Some presiding officers will accept affidavits for a police clearance and others do not want the certificate. The legislative requirement is that reports must be submitted at least 90 days before a hearing. Whilst some presiding officers abide by the law, others have relaxed the requirement. The lack of continuation in presiding officers in any one

Children's Court also contributes to a great deal of inconsistency in the adjudication over matters and the interpretation of the Children's Act 38 of 2005 (Sibanda & Lombard 2017:340; Ngwenya & Botha 2012: 215).

Another challenge for social workers is that the Children's Court only convenes twice a week and the demand for court hearings is high. Hence the limited availability of the court places a serious constraint in the number of extension orders social workers can schedule per month. Social workers complain that they have to be at court at 9 am and sometimes only get heard at 3 pm. Hence children have to wait the entire day at court, missing school in some cases and courts are not child or infant friendly. There is no place for children to rest and they sleep on the floor and benches. The foster parents then have to make provision for meals for the children. The long wait is very stressful for young children.

4.4.2.4. Sub-theme 2.4. The nature of decisions-made during the placement phase of foster care services

The decision-makers in the placement phase is the presiding officers in the Children's Court. The nature of the decisions is legally-based and must be evidence-based and in accordance with the provisions of the Children's Act 38 of 2005 (South Africa 2006: section 151). The social worker's role is to ensure that the evidence he/she presents supports his/her recommendation. However, from the findings it seems that the presiding officers and the social worker often make the decisions on the preferences of the child and the prospective foster parent. Four participants in the NGOs and eight in government described the nature of their decisions made during the placement phase of foster care as being mixed (60%), four in the NGOs and two participants in government described the nature of their decision-making as being analytical (30%) and one participant in an NGOs and one in government described the nature of the decisions made as being intuitive (10%).

Some of the participants who described the nature of their decisions made as being **analytical**.

Mike, a social worker in government, stated: *"I would say it is analytical because it is made by the presiding officers in terms of the legal prescripts and the social worker's report and the parent's and child's views as well"* [Mike, A4:257-259].

Joyce, a social worker in an NGO, was of the following opinion: *“This case is analytical because I relied on external sources for evidence like the school and the psychologist. Based on their reports I had to make decisions. The court also makes decisions based on the evidence before it and my report is also evidence that must be considered”* [Joyce, B1:244-247].

Some of the participants that described the nature of their decisions made as **mixed**.

Pamela, a social worker in an NGO, explained: *“Mixed. The courts want evidenced-based decisions. Sometimes the court may not be convinced that the placement is in the best interest of the child and may request further investigations or more information and may even make a different finding”* [Pamela, B2:447-450]

Ida, a supervisor in government, stated: *“The placement decision is mixed. It tends to be more analytical than intuitive because there is now a third party that validates the evidence the social worker presents against the law and the supporting evidence”* [Ida, A1:286-287].

Two participants, including **Unathi**, described the nature of their decisions made as intuitive.

Unathi, a supervisor in an NGO, concluded: *“How would I describe the decisions? I think it is mostly based on experience, cultural practices, and one’s values. In other cases we use screening to fit prospective foster parent and the child. We don’t have too many choices but we try within the limitations”* [Unathi B1:340-342].

4.4.3. Theme Three: Participants’ descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the supervision phase of foster care services

There is a dearth of literature on the supervision of foster care in South Africa. The Guidelines for the Effective Management of Foster Care in South Africa (DSD 2009: 43) states that “supervision and after care services refer to the support and therapeutic services provided to the foster family, biological parents, family of origin and the child after statutory placement”. It should include a range of activities such as the implementation of a case management or intervention plan, monitoring of the foster

care placement, management of the extension orders, transfers and discharge orders, reunification of the child with family of origin and preparation for independent living. Supervision also includes monitoring the well-being and the needs of the child, enhancing, empowering and supporting the foster family and the foster child which are the key activities of the social worker during supervision (Brown, Sebba & Luke 2014:7).

However, in view of the vast majority of foster care cases being children in need of care and protection who are maternal orphans, the need for the rehabilitation of the parents and reunification with the biological family seems not to be necessary, since the child would be living with the extended family. If there are biological parents and they reside in a different area to the child then another organisation or DSD office in the area where the parents reside will render rehabilitative/reconstruction services to the biological family and prepare them for reunification with the child (Ross et al 2008:34).

The only norm and standard that was found for supervision services in foster care, was an informal one used in practice, namely at most one contact per quarter by the social worker with a foster child and family. In NGOs it was at least one contact per quarter, either home visits, office interviews or telephonic interviews. In government it was one contact per semester with at least one contact during the duration of the placement. These norms were also mentioned by Boning and Ferreira (2013: 538) in their study. Boning & Ferreira (2013: 537) found 36.4% of their sample was monitored every quarter, 23.5% bi-annually, 23.5% annually and 10.3% monthly. Ross et al (2008:93) found that foster parents reached out to social workers for assistance and the responses they received from social work. Similar findings were reported in another study (Mampane & Ross 2017:11).

The case file analysis in this study (A2F2:20-27, A4F4: 67-73, B1F6: 28-34, B2F71:10-11, B4F9:71-74) and the literature reveal that it is not uncommon for social workers to make it the responsibility of the foster parent to handle all the physical, emotional, psycho-social and medical needs of the foster child (Boning & Ferreira 2013:541; Munro 2009:3). The decision-making processes of social workers can best be described in terms of virtue ethics where social workers see themselves as being kind, supportive and altruistic in the here and now (O'Sullivan 2011:129, Munro 2008:6; Hughes & Baldwin 2006: 88). There is mixed evidence of the impact of the amount

and quality of supervision and support on children's developmental outcomes but evidence does suggest that the amount, the quality of supervision and support services given to children in foster care, the foster parents and the biological family makes a difference to the developmental outcomes of foster children (Sinclair 2005:30).

The findings that emerged from this sub-theme included the decision-making processes, the decisions made, the factors influencing decision-making, and the nature of decisions during the supervision phase of foster care in Government (DSD) and NGOs. The following sub-themes and categories of findings emerged inductively from the data analysis.

4.4.3.1. Sub-theme 3.1. The decision-making processes during the supervision phase of foster care services

The following sub-theme emerged under this category namely home visits, school visits and tools used for decision-making as well as the involvement of other professionals in decision-making during the supervision phase. The finding on home visits and schools visit was consolidated in section on investigations because of its similarity to both sections.

4.4.3.1.1 Category 3.1.1.Tools used for decision-making during the supervision phase of foster care services

Unlike the intake and investigation stages of foster care where some organisations use assessment tools, during supervision there were no assessments at all. The matching of the foster parent with the foster child is also relevant in supervision when a child is transferred to another foster parent (Graham et al 2015:1). During supervision reassessments of foster care placements must be completed periodically to determine if it is still in the best interest of the child to continue remaining in that foster care placement (Moore et al 2016:128; South Africa 2006: section 159). The initial assessment should serve as a baseline to monitor the changes over time and decision-making (Moore, et al 2016:127; Epstein et al 2015:230). Ross et al (2008:92) found

that social workers did not use any tools for assessments and their social work services were not based on any plans developed from assessments.

Elda, a social worker in an NGO, sums up the findings aptly: *“No we don’t have any tools... We only do an IDP for the 159 extension to meet the court requirements”* [**Elda, B5:329-330**].

Another social worker, **David**, in an NGO, stated: *“I like using the Hiemler tool and the skills wheel. The IDP is a plan that we manage but does not measure the level of development of the child. We have to develop an indicator tool to measure the IDP. We don’t have any management tool to manage the caseload or the individual cases. I did not develop an IDP because I am not an expert on autism”* [**David, B3:307-311**].

Tupper et al (2014: 62) found in their study that despite the presence of assessment tools social workers preferred to rely on skilled intuition to guide them in decision-making as is articulated by **Anna**, a social worker in government:

“Just the process notes. I don’t use any tools. When you have so many tools, you tend to just focus on the tools and leave out the important areas. It just becomes procedural. I prefer having my own way of doing things” [**Anna, A:258-260**]. *“Yes there is a requirement for the IDP but I do not see it as a must. We tend to focus on the development of the child based on what we pick up and put it in our court report but not a tool to follow up on”* [**Anna, A3:276-278**].

Lerato, a supervisor in government, added: *“We are not using any tool”*. The researcher mentions that there was an IDP on file but it was blank to which the supervisor responds: *“The workload makes it impossible to implement any plans especially IDPs”* [**Lerato, A3:456-458**].

Although participants referred to individual development plans (IDPs), there were no IDPs for the child or case management plans in the case files. The findings indicated that social workers’ decision-making during supervision becomes routine, if there are no problems reported then social workers extend the placement. The process is merely procedural or “rubber stamping” as stated by Lipsky (2010:80-83). The lack of continuity in presiding officers, also articulated by other authors (Sibanda & Lombard 2015:340; Ngwenya & Botha 2012:215), contributes to the poor oversight on the decision-making processes of social workers. The Children’s Court does not exercise

much scrutiny on the social worker's assessment and report for the extension of court orders.

4.4.3.1.2. Category 3.1.2. Involvement of other professionals in decision-making during the supervision phase

There is a demand for the services of other professionals during supervision such as school psychological reports in cases where a child's academic performance fluctuates or a psychological reports when a children becomes rebellious or a medical and social work forensic reports when a child is abused in foster care (DSD 2012: Chapter 4). However, Ross et al (2008:37) did not find evidence of multi-professional or multi-disciplinary decision-making to assess the progress of children in foster care during the supervision phase. This finding is supported by the storylines of the participants in this study.

Boitumelo, a social worker in government, explained: *"In this case we must use psychological services to assist the child to deal with the rape, the chronic condition as she will be attaining adulthood in two years. Deal with the impact of the neglect and rejection. We use the clinics for the medical treatment of the child. We will use the psychologists at the clinic. The clinics provide medical and psychological support and we provide social care. Despite the child's condition, she is doing quite well in school"* [Boitumelo, A2:420-426].

Winnie, a supervisor in government, adds: *"If there are issues that are picked up during supervision, like if the child is not doing well in school we refer to the psychologist, if there is an issue with chronic medication then we refer to the clinic to have the medication modified. It depends on the presenting problem. Mostly it is referral to psychologists"* [Winnie; A2:553-556].

David, a social worker in an NGO, states: *"We have situations where children are physically and sexually abused in foster care and we have to use other professionals again to assess children and transfer placement"* [David, B3:332-334].

Social workers are in need of a number of professional services to rehabilitate deviant biological parents. However, from the findings it is clear that there are few services in poor communities, namely one psychologist at a public clinic once a week for a few hours to service several hundred people. The cost of private professional services are

beyond the affordability of many clients. NGOs fundraise and negotiate reduced costs with private service providers to access services for their clients while social workers in the government are more constrained in accessing these services for children and clients. In government, supervisors make up panels of social workers and supervisors to assess and reflect on decisions of transfers and reunification of children with their parents.

4.4.3.2. Sub-theme 3.2. The decisions made during the supervision phase of foster care services

The following sub-categories of findings emerged from participants' responses to the category decisions made during supervision, namely extending lapsing foster care court orders, no records of existing orders, opening of a new inquiry, transfer of children to another placement and extending placements for foster children beyond 18 years

4.4.3.2.1. Category 3.2.1. Extension of lapsing or expiring foster care court orders

One of the main activities of social workers' during the supervision phase is to extend expiring foster care court orders. **Rose**, a supervisor in government in case A4, stated the main decisions during supervision are:

"To extend the order or move the child to alternate placement or extend in terms of Section 186" [**Rose, A4:288-289**].

The extension of court orders is not just an administrative process but a court hearing and social workers must comply with the same requirements as for new placements (Sibanda & Lombard 2015: 341; Ngwenya & Botha 2012: 215; DSD 2012:155). There are no relaxation on the court requirements for extending court orders. Some of the requirements are legislated such as the clearance certificate in terms of Form 30, but other requirements are additional such as the police clearance, proof of mother link from SASSA, identity documents of all the parties, affidavits by foster parents and foster child consenting to the placements and proof that all extension orders are in consecutive order. If a single order is missing then a new inquiry must be initiated (South Africa 2006: section 155(2)) as explained by **David**, a social worker in an NGO:

“In the 159’s court extension is a complete court inquiry like the finalisation of a court inquiry” [David B3:158-159]

Hence to meet all the requirements to extend expiring orders on time, social workers must commence the investigations for extension at least six months before the court orders expire.

Elda, a social worker in an NGO, explained the process; *“We would do home visits and maintain regular telephonic contact as well. We would speak mostly to the foster parent. Children don’t want to talk much during their foster placements. During supervisions it is largely the responsibility of the foster parent to report to the social worker any challenges, concerns or issues. We have a rule that every six months we must have visited the child at least once and every two years we must renew the court order”... “To assess if the home circumstances are still the same. Prevent the breakdown of the placement and extend the orders. The child is happy and foster parents are happy and that the child is progressing but getting regular reports from the school” [Elda, B5: 317-336].*

Boitumelo, a social worker in government stated: *“I plan each case and know when I should visit the foster mother and child. The norm for our caseload is 1:90 cases and this means I can only see a foster family once in 3 months...I use my diary to plan my visits and contacts with my cases...If there is an emergency then I will visit sooner” [Boitumelo, A2:371-375].*

4.4.3.2.2. Category 3.2.2. No records of existing orders and opening of a new inquiry

In case file A5F5 (23-30) the child was in foster care with his maternal grandparents who died in 2012. The order lapsed and the social worker, instead of investigating the circumstances of the child, decided to proceed to court as a new inquiry and placed the child in foster care with his paternal grandparents. This was the speedier option of giving the foster parents’ access to the Foster Child Grant than conducting an investigation to determine the child’s circumstances between 2012 and 2015 and searching for an existing file.

Gail, a social worker in government, explained: *“In this case the FCG lapsed in 2012 and for 5 years the child had no source of income. The grandfather was supported by*

his wife's pension. One of the challenges we experience is that when the main foster parent dies or leaves, neither the child nor the other foster parent knows what they must do. They also would not have any information because it will be the foster mother that has all the information and liaised with the social worker. If the foster mother dies, they will just sit at home and do nothing. In this case the paternal grandparents had no information about the foster care placement. I did not investigate the past placement because the foster placement had lapsed and I chose to treat the case as a new case, as a reopening and from scratch" [Gail, A5:275-282].

Social workers stated that in old cases prior to 2005 and some later cases there are no records on the files of the child's deceased parents or the father's whereabouts or any of the administrative compliance documents required by the presiding officers and they experienced difficulties extending these placements.

Yolande, a social worker in an NGO, explained some of the difficulties with documentation: *"There was one case the Magistrate declined because the details on the death certificate of the mother did not match the mother's details on the unabridged birth certificate. In another case the death certificate showed that the father was five years older than the mother but he died three years before the child was born. In some cases there were reference numbers where biological mothers had taken fathers to maintenance court and the grandmother claims the father is unknown. I feel that social workers become emotional when they see the children and there is no one to take care of them and they rush to place in related foster care without investigating thoroughly" [Yolande, B4:155-162].*

They found it is easier to lapse these orders and start the process as a new inquiry allowing them time to obtain all the necessary compliance requirements. However, the North Gauteng High Court allows for the payment of the Foster Child Grants on lapsed orders.

Sizwe, a supervisor in an NGO, added: *"Foster parents find the new processes or the court process for the extension of court orders very difficult to accept. They say for years they did not have to go to court, the report was processed by DSD and an extension order was issued. Most of them were interviewed in the office or in the comfort of their homes and most of the information had not changed much. Now they question why they have to go to court after every two years because they went to court*

in the first place so most clients find it very difficult to understand, so now you want to do a Section 159, they take their time to bring the relevant documents. When the clients don't come in with their documents on time, the social workers have a lot of cases, then they leave that case aside and move onto the next and then that court order is going to lapse" [Sizwe, B4:327-337].

4.4.3.2.3. Category 3.2.3. Transfer of children to another placement

There are high levels of mobility of children from one relative to another because of instability in placements resulting from the lack of disclosure by the foster parents to relatives about the monetary incentives in foster care as explained by **Sizwe**, a supervisor in an NGO:

"There are a lot of family discord issues that arise when the foster family starts to receive the foster child grant. We have very limited resources to address the interpersonal issues and tend to focus more on ensuring that the family has that additional income to meet their basic needs" [Sizwe B4:377-380].

Children manipulate their aged grandparents, and relatives manipulate children causing rebelliousness, especially older children, and destabilise placements and social workers spend a lot of time constantly transferring children in and out of placements with relatives (Hearle & Ruwanpura 2009:432-434). Children in foster care are transferred from related to related or unrelated placements and very rarely to a CYCC because CYCC's have very selective criteria and do not accept children who are 15 years and older because they have only two years to discharge and they do not have much time to settle children into the institution to benefit from its structure. They do not accept children that are problematic. They do not accept children that have chronic conditions and disabilities. This makes it difficult for social workers to place children as stated in the following storylines.

Tanya, a supervisor in an NGO in case B5, stated *"We have one CYCC and they only take Moslem children"* [Tanya, B5:374-375].

Boitumelo is a social worker in government. She explains her difficult in getting placement in a CYCC: *"As I mentioned the child, was supposed to be placed in the place of safety until further investigations, only to find that the place of safety refused*

to take her because they did not have a nurse to give her the medication. So I decided to place the child in unrelated foster care” [Boitumelo, A2:239-243].

Hence, social workers tend to avoid the transfer of children out of related care unless the child absconds from the placement and the only option is to respond to the child's request.

Queen, a social worker in government, explained: *“In this case I had to do what the child demanded because she threatened to kill herself and I took her demands as a crisis. Also the grandmother wanted the child back that is why I placed her back with the grandmother. When the institution refused to take her I had to place her in unrelated care because there were no other relatives but this placement did not work out” [Queen, A4:96-100].*

4.4.3.2.4. Category 3.2.4. Extending placements for foster children beyond 18 years

A large number of children's foster care placements are extended beyond 18 years in terms of the Children's Act 38 of 2005 (South Africa: section 176). In some cases the extension of foster care is genuine as children are enrolled in post school training and tertiary educations and others are still completing matric. However social workers can also give children who were disadvantaged by long delays in the processing of their applications access to the Foster Child Grant until 21 years. In case file A3F3 (18-20) the application for foster care was made in 2012 and the application was only finalised in 2018 when the child was turning 18 years. The child failed every grade in school and his school reports showed very poor academic progress and school attendance. However, the social worker extended his placement in foster care to the age of 21 years to compensate for the loss of six years in finalising his application on the basis of continuing schooling. Hence social workers have the powers of relative discretion in decision-making to manipulative the system to reward and compensate for inefficiencies and they exercise it (Lipsky 2010:13).

Boitumelo, a social worker in government in case A2, explained: *“Adjusting then when we review I may use Section 186. In this case the child will be 18 years and thus 186 will not apply. After 18 years I have do section 176” [Biotumelo, A3:391-393].*

Anna, a social worker in government in case A3, explained: *“In this case the supervision is minimal because the child is 18 years. I just have to monitor the school enrolment for the continuation of the grant. I don’t have an IDP on file because of our own individual recording style”* [Anna, A3:273-275].

Social workers experience a number of difficulties with extension of court orders for the over 18 year olds who continue with education or training as explained by the following storylines.

Zara, a social worker in government, stated; *“We experience a long delay with extensions for children still schooling and over 18 years. Foster parents take a long time to bring the relevant documentation. Then we end up creating a lot of backlog”* [Zara, A5:423-425].

Elda, a social worker in an NGO, explained the difficulty in obtaining the extension order from DSD: *“We struggle quite a lot to get orders from the DSD in terms of transfers and extensions for over 18 year olds, leave of absence, and Form 36. The turnaround time are long and when you follow up, they don’t know what you are talking about and you have to resend the reports and documents and this can cause a lot of frustration”* [Elda, B5:364-367].

4.4.3.3. Sub-theme 3.3. The factors influencing decision-making during the supervision phase of foster care services

The findings that emerged from the participants’ responses to the question about what factors influenced the decision-making of social workers during the supervision phase of foster care and the categories of findings that emerged were non-disclosure of information, high caseloads and high workloads from generic practice, best interests of the child, child’s contact with biological parents, lack of co-operation from foster parents, social workers not being motivated, high turnover of staff and social workers unable to inform children about their chronic conditions as well as social workers’ contact with foster children. Some of the categories like best interests of the child, high caseloads and high workloads and high turnover of staff were moved to other factors as these were relevant to all the phases in foster care services.

Some of the factors mentioned in this phase may be similar to the factors mentioned in the other phases and stages of foster care but their impact may be different.

4.4.3.3.1. Category 3.3.1. Non-disclosure of information by relatives

Social workers rendering supervision services who participated in the study, discovered that foster parents were not truthful and did not disclose the complete information about the child's biological parents or information about the child's assets and income from parent's pension funds during the intake and the investigation stages of foster care. Ngwenya & Botha (2012: 215) also report on similar findings in their study. This issue is particularly significant in the supervision phase because the social worker spends a longer duration with the foster child and family and develops more familiarity with their circumstances and the truth is revealed.

Ida, a supervisor in government, stated: *"The non-disclosure of information such as a living parent, non-disclosure of assets and inheritances" [330]... "There is also a tendency to withhold information by the family on inheritances and assets of the foster children" [Ida A1:372-373].*

The disclosure of information especially about the presence of the children's fathers results in the foster care placement getting terminated as explained by **Yolande**, a social worker in an NGO:

"We find when you do the investigations the child and foster parent will tell you the whereabouts of the father are unknown but during supervision when you do one-on-ones with the child, the child will tell you I know my father and then we encourage the family to apply for the Child Support Grant. If the child wants to live with the father, we visit the father's home, talk to the family members and if they want the child, the child moves in to live with them. If they are not accommodative then we leave the child with the grandmother with the father taking financial responsibility" [Yolande, B4:120-127].

Mampane and Ross (2017:6) state that nine out of the 15 adolescents in their sample had the whereabouts of their fathers unknown and two adolescents had the whereabouts of their mothers unknown. The disclosure of the children's assets can prevent conflict arising between the foster parent and relatives and avoiding the destabilising of the placement. A lack of trust develops between the foster parents and relatives over the children's funds and assets and between the foster child or children and the foster parents over the non-disclosure of the monies. In most cases the foster

children become the prize between the warring relatives (Hearle & Ruwanpura 2009:427). This contributes significantly to the workload of the social workers when they have to transfer children from one placement to another.

Boitumelo, a social worker in government in case A2 added: *“All the issues that don’t get addressed during these processes then surface during supervision and this results in conflict and the placement gets disrupted. Some of the factors that get missed are the assets of the children, the income of the children from estates and the foster child grant that results in other family members also wanting the additional income and assets and thus disrupting the placement”* [Boitumelo, A2:411-415]

4.4.3.3.2. Category 3.3.2. Child’s Contact with Biological Parents

In their study Ngwenya & Botha (2012:215) found that the biological parents left the responsibility for caring to other individuals. Most of these biological parents were substance dependent and tended to disrupt the placement of the children especially when children were placed with grandmothers, they kidnaped the children and demanded money from the foster parent for the return of the children. When they returned the children after several days the children were in a poor state.

In this study most of the foster children are in an extended family and it is the family members who don’t want the children’s biological parents to have contact with the children. In cases where the biological parents are problematic, even social workers support the foster parents in keeping the biological parents away from the children as explained by **Unathi**, a supervisor in an NGO:

“We have a good relationship with all agencies that render reconstruction and reunification services for children in foster care under our supervision. It involves visitation rights etc. Very often social workers work with the foster parents for years and develop a close relationship with them and often they lose their objectivity when it comes to biological parents having access to children” [Unathi, B1:350-357].

In other cases the children were in the care of the foster parent for several years and both foster parents and biological parents competed for the affection of the child or children. **Elda**, a social worker in an NGO claimed:

“Foster parents don’t want the child to have contact with the parents... In unrelated foster care, foster parents do develop attachments to the children but they don’t feel entitled to sole care” [Elda, B5:339- 342].

Xola, a supervisor in an NGO, explained: *“There is also a competition between the foster parent with the biological parents for the affections and loyalty of the child and the foster parent is better placed to manipulate the situation. The relationship with the biological parents is critical to reunification. If the removal is hostile or you deny them access to the children because they disrupt the placement then you will not get the cooperation of the biological parent and then children get to remain in foster care until they exit by age. We need to stop being reactive social workers and become more proactive” [Xola, B3:529-536].*

Boning and Ferreira (2013:529) found that only a small percentage of children, 2% reunited with their biological families and certain biological families were only sporadically involved with their children’s lives. Mampane and Ross (2017:8) found that participants in their study did not know the whereabouts of their parents but would have wanted to have contact with them. Similar responses were found in studies by Delgado et al (2019:103) and Minkhorst et al (2014:177).

4.4.3.3.3. Category 3.3.3. Lack of co-operation from foster parents

The researcher could not find literature on this finding. This study indicated that one of the factors that mitigate against social workers extending courts orders timeously is the lack of cooperation from foster parents. Once the foster parents obtain the Foster Child Grant they do not maintain contact with the social workers. They do not respond to calling notes and do not leave a forwarding address when they move. In some cases the foster parent will establish contact with the social worker just before the expiry of the court order leaving the social worker with very little time to comply with the administrative requirements and the court submission deadlines for the social workers report. The participants also indicated that the Gauteng North High Court judgements on the extension of the expired Foster Child Grants since 2010 have adversely affected the responsibility of foster parents to respond to the request to contact the social worker for the extension of the orders. The foster parents have experienced that non-compliance with the social workers requests, did not result in the termination of the

grant and hence, they continue to not comply. The forgoing is substantiated in the following storylines by the participants.

Yolande, a social worker in an NGO stated: *“Some of the foster parents are not cooperative... One of the reasons that Foster Child Grants lapse, you go to the foster home around 2pm, the foster child will tell you that the foster parent is at work. You try to contact the foster parent and there is no response. Finally, you lose patience and tell the foster parent now we need to talk. If there is no cooperativeness from the foster parent, how do you extend an order? Now you have to explore who else can care for the child to transfer the child to their care. You find that foster parents are not willing to handle the challenges that come with foster care and we have to transfer the child”* [Yolande, B4:92-107].

Sizwe, a supervisor in an NGO, added: *“Most foster parents find the new processes or the court process for the extension of court orders very difficult to accept. They say for years they did not have to go to court, the report was processed by DSD and an extension order was issued. ...Now they question why they have to go to court after two years...most clients find it very difficult to understand, so now you want to do a section 159, they take their time to bring the relevant documents.”* [Sizwe, B4:326-337].

Rose, a supervisor in government in case A4, stated: *“We have a lot of foster parents relocating to another province without informing the social worker. Some foster parents don’t respond to calling notes and only come when the order is lapsing and the magistrates are not entertaining those”* [Rose, A4:301-304]

Winnie, a supervisor in government, added, *“We make unannounced visits to the foster care. It is an internal thing, we tell the foster parent when I am going to do home visit and I am not going to get them I tell you. Whether we make appointments or not we will find that the foster parent or in the case of reconstruction services the biological parents, will not be present”* [Winnie, A2:522-525]

4.4.3.3.4. Category 3.3.4. Social workers are not motivated and high turnover of staff

The working conditions of social workers are poor, high workloads, low salaries, poor working conditions, lack of tools and systems for innovative practice, too many

administrative functions and lack of transport for fieldwork are just some of the reasons for the low motivations of social workers and the high staff turnover (Sibanda & Lombard 2015:344 Boning & Ferreira 2013:539; Ngwenya & Botha 2012:211; Chipungu & Bent–Goodley 2004:77-78). The following storylines indicate that the working conditions of social workers in the NGOs are far worse than that of government.

Anna, a social worker in government, explained why she doesn't not have an individual development plan (IDP) for the foster child:

"I don't have an IDP on file because of our own individual recording style. For me, whatever I pick up I will record it. Yes there is a requirement for the IDP but I do not see it as a must. We tend to focus on the development of the child based on what we pick up and put it in our court report but not a tool to follow up on" [**Anne,A3:275-278**].

Olga, a supervisor in an NGO, stated: *"The social workers have low motivation. They are paid very little. They are not motivated to do what they have trained for four years to do. Social workers do not see themselves as different to their clients. The issues you picked up are not only in this file but in all files. Children are not getting the best services because of the financial situation of the social workers. They say why should I go an extra mile?"* [**Olga, B2: 296-301**]

These factors also affect the attitude of social workers that results in doing what they can and a great deal of indifference to what they cannot. **Rose**, a supervisor in government, shared:

"We have a high turnover of staff. We have a lot of new social workers. A lot of social workers don't like dealing with foster care supervisions, it is very monotonous" [**Rose, A4:298-299**].

The issues of low motivation, high turnover and poor working conditions is a social work issue the world over (Berrick et al 2015:2).

4.4.3.3.5. Category 3.3.5. Social workers being unable to inform children about their chronic conditions

There is a dearth of local literature on the competency of social workers to communicate with children on their chronic ailments. Social workers in both government and NGOs were unable to communicate to children their chronic conditions despite social workers receiving training in HIV/AIDS counselling. They stated that disclosure to the children about their chronic conditions had both legal and social implications. The legal implications are that they cannot know about the medical status of the foster child and seeing that the child will be stigmatised and traumatised by the disclosure. However, in each case where the child had a chronic condition (A3F3 76-81) and was not aware of his/her status, it caused a lot of misunderstanding for the child. When both the child and the foster parent have no information on the child's chronic illnesses there can be more trauma as it is difficult for the foster parent to understand and help the child and they may interpret the child's behaviour adversely. This is an area that requires serious attention by the government and training institutions. Social workers are equipped with the knowledge about chronic illnesses but lack the skill in counselling children and adults on chronic conditions especially if the illness is terminal. The legalities around social workers getting access to a child's health status must also be confirmed and communicated to social workers. This is an area where decision-avoidance features significantly among social workers both in government and NGOs (Kirkman & Melrose 2014:25) and children with chronic conditions live in a lot of pain.

Boitumelo, a social worker in government stated: *"We also did not counsel the child or address the chronic condition because it is a legal and social issue"* [**Boitumelo, A2: 403-416**].

Queen, a social worker in government, added: *"Sometimes the relatives place limits on how much counselling we can do and in this case they did not want me to counsel the child on HIV/Aids and her status and this resulted in anger and rebelliousness and hence dysfunctional placements"* (**Queen, A4:118-120**).

Rose, a supervisor in government, stated: *"The child was HIV positive and the child was not informed of her status. The nurses stated that the child will only be informed of her status when she is 14 years"* (**Rose, A4:59-60**).

4.4.3.3.6. Category 3.3.6. Social workers' contact with foster children

There are findings by several authors that support the findings in this study that social workers do not maintain contact with foster children. In a study by Schiller (2015:8) on adolescents, the participants expressed the need for more support from social workers to help foster parents understand children better, assist them with discipline and foster parenting. A study by Perumal and Kasiram (2009:202) on adolescents found that social workers had contact with the foster children during the holidays. These visits did not involve the rendering of supportive services. A study by Mampane and Ross (2017:11) found that the foster children had never seen their social workers. Other participants gave the names of the social work auxiliary workers who informed them the Foster Child Grant was about to lapse and it must be reviewed. In a study by Ross et al (2008:42) 51% of the participants expressed satisfaction with the services of the social workers, 30% qualified their responses and 19% were dissatisfied. The vast majority of the parents of the foster children stated they had not seen the social worker and expressed their dissatisfaction with the social work services. There is no oversight from supervisors to ensure that social workers are maintaining at least four contacts with the foster child per annum.

In all case files there were no records of the social worker maintaining contact with the foster child and the family more than once when it was time to extend the order. The following storylines confirm the lack of contact with foster children by social workers.

Rose, a supervisor in government, indicated: *"The lack of supervision by the social worker" (296). "Social workers are not managing their caseload. Their planning is very poor. We cannot meet the deadline for the expired court orders because social workers do not do any planning with the cases that are under supervision. They function in a reactionary mode. Social workers only respond when a client comes in with a problem and if they don't, then they lose contact with the foster parent and child"* [Rose, A4:305-309].

Winnie, a supervisor in government, stated, *"I am going to be practical right; in terms of a section 159 placement, we say we must have quarterly contact with the child and the foster family but quarterly doesn't materialise but in a year we make sure we see the child thrice and at least twice"* [Winnie, A2: 503-506]. *"Then we find the social*

worker saying no to supervision and they confuse the investigation to extend the order with supervision. Then we get into the debate of understanding what supervision is. They agree that at least a year must not go by without the social worker seeing the child” [Winnie, A2:509-511].

In one case (B2F7 36-37) the social worker made an unannounced visit to the foster family and found neither the foster children nor the foster mother at home. There was a completed report in the file and she was going to confirm the content of the report by a telephonic interview with the foster parent. One social worker admitted that they were failing their children in foster care. The caseload, the workload and way their work is structured made it impossible to render any meaningful services to foster children. It is also apparent that social workers did not know what services to render to foster parents and children as is evident from their description of supervision services. They lack resources to support foster children and foster parents contributes to the avoidance decision-making strategy by social workers not having contact with the foster children.

Queen, a social worker in government in case A4, stated, “*Some presiding officers do not trust social workers. They say they know that social workers do not have regular contact with the child and foster parents and if they just extend by rubber stamping then we could be paying for ghost children” [Queen, A4129-133].*

4.4.3.4. Sub-theme 3.4. The nature of decisions made during the supervision phase of foster care services

There are a number assessment, risk and safety tools that are available for social to assist them in making more uniform, standardised and analytical decisions and minimise against subjective and highly discretionary decision-making (DSD 2012: Chapter 1-12; DSD & UNICEF 2012:9-13). However, access and training on the use of the tools and supportive systems to implement them is lacking. Hence social workers have come to rely on resources that is accessible which is largely themselves in terms of professional expertise, skills and experience to make decisions in the foster care using skilled intuition (Kirkman & Melrose 2014:18; Collins & Daly 2011:4; O’Sullivan 2011:90). This makes their decision-making primarily intuitive (Tupper et al 2017:91-92). Intuitive decision-making must be supplemented by analytical tools, multi-

professional engagement, research and evidence to ensure greater uniformity and accuracy in decisions made (Tupper et al 2017:138; Munro 2008:161). As discussed under previous phases, the fluidity between intuitive and analytical approaches creates a mixed approach with intuition dominating in some cases and analytics in others, however establishing a prototype of a balanced mixed model of decisions is highly improbable but nevertheless a balance is required for fair and accurate decisions (Tupper et al 2017:212).

There was a mixed reaction from participants on the nature of their decisions made with six participants in NGOs and five in government (52%) stating the nature of their decision-making was mixed, four participants in NGOs and five in government (43%) stating the nature of their decision-making was intuitive, one participants in NGOs and none in government stating the nature of their decision-making was analytical (5%).

Some participants stated the nature of their decisions made were **intuitive** in the supervision stage.

Helen, a social worker in government, raised her opinion: *“It is me and the client and I guess it would be intuitive”* [**Helen, A1:433**].

Unathi, a supervisor in an NGO, stated: *“Most of the decisions are intuitive based on the cultural and personal values of the social worker. Most often social workers cannot explain the reasons for their decisions”* [**Unathi, B1: 423-425**].

One participant indicted that the nature of her decisions made was **analytical** in the supervision stage.

Noreen, a social worker in an NGO, shared: *“I would say some of my decisions are professional and others are analytical. My decisions are professional because I am a social worker and a professional. I note all the factors and make my evaluation based on the information I gathered. Other decisions are analytical because I obtain information using the forms prescribed by the Children’s Act and also working with the independent development plan and the circle of life tool”* [**Noreen, B2: 167-172**].

Some participants stated the nature of their decisions-made were **mixed** in the supervision stage.

Ida, a supervisor in government, replied: *“The decisions are mixed but more intuitive. The court function is less intense and more oversight and hence the social workers’ decisions are less likely to be questioned with external evidence”* [Ida, A1:358-360].

David, a social worker in an NGO, stated: *“The decisions should be mixed but in most cases it is mainly procedural. At the time of lapsing, the social workers merely write a report, complete the procedures, go to court and extend the order”* [David, B3:337-339].

4.4.4. Theme Four: Participants’ descriptions of other factors that influence decisions in foster care services

This theme emerged through inductive analysis from participants’ responses to interviews and case file analysis with the sub-themes, lack of an integrated child protection system, best interest of the child, time-consuming policies and procedures, threats to the safety and security of social workers, the status of foreign children, lack of training and the attrition of trained social workers, challenges social workers experience working in communities, social workers as a solution to all problems and specialist in none, relationship between role-players in decision-making in foster care, lack of administrative support for social workers, high workloads and lack of supervision of social workers. This section discusses the findings of other factors that influences social workers’ decision-making processes in all stages and phases of foster care in both government and NGOs. Some of the factors are relevant to the professional development of social workers, others to government as a collective and some are relevant to improving planning and organising social services within the respective contexts.

4.4.4.1. Sub-theme 4.1. Lack of an integrated child protection system

The Children’s Act.38 of 2005 states that the Minister must determine norms and standards for child protection by regulations after consultation with interested persons and the Ministers’ of Education, Finance, Health and Justice and the SAPS (South Africa 2006:section 106). Despite this legislative provision, it is apparent from the findings that social workers continue to experience gaps in services that adversely affects their decisions. It is difficult to get documentation for children who are

abandoned or children of refugees and asylum seekers who have to source documents for themselves but the Department of Home Affairs does not make provision for identity documents for their children. A study was undertaken by SASSA, DSD & UNICEF (2012:53) that revealed how children of refugees and asylum seekers could not access social services including foster care because government did not make provision for identity documents (birth certificates) for their children. Without any form of identification it is impossible for children to access education. Foster children can access the Foster Child Grant with just a single requirement, namely the foster care order (South Africa 2008: Regulation 7), hence a birth certificate is not a requirement for access to the Foster Child Grant. However, in order to secure a foster care order presiding officers impose a number of requirements, one of which being an identity document for children and parents.

Boitumelo, a social worker in government, spoke of the court requirements that must be complied with:

“They require the birth certificates, identity documents, affidavit from the foster parent that she is willing to care for the child, proof of residence to confirm jurisdiction, school reports and school confirmation letter, Form 30, police clearance, report approval form signed by foster child and foster parent” [Boitumelo A2:342-345].

The inconsistent and unrealistic demands by presiding officers that make service users go from department to department have been articulated by Sibanda & Lombard (2015:341) and Ngwenya & Botha (2012: 215). Hence, children get excluded from access to basic services, because presiding officers impose requirements in ignorance of the policies and legislation of other departments. There is no mechanism in government to address the gaps in legislation and policies that result in children being excluded for basic services like education and identity documents.

Pamela, a social worker in an NGO, explains the challenges to obtain compliance requirements to enable children to get access to services: *“The Children’s Act is the most beautiful legislation but it does not talk to other legislation. The Children’s Act says that every child in SA has rights, but when you go to Home Affairs they don’t care and the Department of Education wants a study permit irrespective of the child being born in South Africa and you can do nothing to help these children and you can’t have a child in the system who is not going to school. I have a child who was removed when*

he was two and he is now almost five and I can't finalise and do anything. It frustrates me. The Children's Court will make an order for the admission of the child into school but they still insist on the study permit and Home Affairs takes forever. Home Affairs says they cannot issue a study permit, it must be issued in the child's country but the court order mandates Home Affairs to issue the study permit and they refuse" [Pamela, B2:486-497].

It becomes very burdensome for foster parents to go from one Department to another trying to access documentation and education for foreign foster children. The presiding officers insist on having a document from Home Affairs linking mothers to children called the "mother link" but this facility is only available from 2009 and so children born on and before this date could not have their court orders extended if there was no link between the deceased parent and the child. This issue will age out in 2026 because the children would have aged out of the system.

Rose, a social worker in government, explains the difficulty in responding to gaps in the system: *"The magistrate is now requiring a mother link. If one of the parents are dead and the father is alive and is unemployed then magistrates are reluctant to do the placement. The magistrate says that there are many children out there living on the Child Support Grant, why is this an exception?"* [Rose, A4:250-253].

4.4.4.2 Sub-theme 4.2. The best interest of child

The best interest of the child is to uphold the rights of the child first, such as the right of the child to family care, to food, shelter, clothing, social assistance, health care, education, safety, security and the right of the child to be listened to and to participate fully in decision-making about his or her well-being (Wulczyn et al 2020: 2) as well as the principles as outlined in the Children's Act (South Africa 2006: section 7). The Children's Act 38 of 2005 sets out the standards that must be considered when social workers make decisions about the best interest of the child. The best interest of the child standard states the relationship between the child and the parent or caregiver, the attitude of parents towards the child, the child's rights and parents' responsibilities towards the child must be considered in all matters concerning the child. The capacity of the parents or caregivers to provide for all the needs of the child, the likely effect on the child of any change in circumstances, including separation from parents, the

practical difficulty, expenses of a child having contact with their parents and the impact of the expense on regular the child's contact with their parents must also be taken into account to promote the best interest of the child. It adds that the need for the child to maintain contact with his or her family, culture and tradition, sensitivity to the characteristics of the child, the child's physical, emotional, intellectual, social, cultural development, physical disability or chronic illness must also be provided for in the best interest of the child. Providing the child with a stable family environment, protecting the child from physical, emotional or psychological harm, abuse, neglect, exploitation and harm and exploitation to others is essential for the best interest of the child (South Africa 2006: section 7). The best interest of the child must be the utmost consideration in all decision-making processes at all phases and stages of foster care (Fortune 2016:17-18; Minkhorst et al 2016:72).

The presiding officers interview the children during the court hearing to ascertain their views about the placements, independent of the social worker and prospective foster parents. Given the circumstances the child or children are brought before the presiding officers, the children may not be honest about their feelings. The assessment of the children's feelings about their placements may not be objective (Mampane & Ross 2017:3). Children placed in foster care are made vulnerable by their circumstances and the situations in which they find themselves and thus, may not express their true feelings about their placements (Mampane & Ross 2017:3; Roux, Bungane & Strydom 2010:45). Social workers state that they consider the best interest of the child, however this is not always reflected in the case files. In cases where children are placed with relatives and they are happy to continue with the placement, the child's happiness and willingness to continue with the placement seems to be the most important determinant of the best interest of the child.

Boitumelo, a social worker in government, described the best interest of the child standard: *"The most important factor is the best interest of the child...The child is going to school, she is getting good food, good communication between the foster mother and the child"* [Boitumelo, A2:395-398].

In the case file B3F(8) the agreement of the biological father on the placement of the child with his mother, was seen by the social worker as the decisions in the best interest of the child.

The child's wishes, feelings and the views about the placements is an international standard for consideration in the placement of the child but it cannot be the only and fundamental consideration (Department of Education 2011:8). The home circumstances, financial stability of the foster family, the foster parents' commitment to caring for the child physically, nutritionally, psychologically, emotionally and supporting the child educationally are other factors that must be considered for the best interest of the child.

Ida, a supervisor in government, stated: *"The attachment of the child to the environment and foster family" (331). "The child's views about the placement" (329) "The quality of care and support the child/ren receive from the foster family, meeting the needs of child, shelter, clothing and food. The participation of foster parents in the school activities with the child. This information is verified with the school. Assisting the child with school homework" [Ida, A1:333-335].*

However, some of the foster parents do not have the capability of meeting these needs of the child and yet the placement was extended as in the case B1F(61-10) where a 16 year old teenager was placed with a 74 year grandmother whose only income was a pension and a one roomed flat. **Joyce**, the social worker in an NGO, explained the placement:

"The grandmother was the only relative willing to care for the child and our first option is to always place children with relatives before we consider unrelated placements. The report from the school on the behaviour of the child is an important factor in determining the placement of the child. The overall behaviour of the child was problematic. It is not appropriate to place a problem child with an elderly grandparent that has not had contact with the child, but I had no other option." [**Joyce, B1:226-231**].

In case A5F5(7-10), a 12 year old was placed with a grandfather who was unemployed with no source of income, aged 57 years and his wife aged 70 years with an old age pension being the family's only source of income. Hence the decisions of the social worker seems not to be based on the best interest of the child but on the only available placement option for the child. Social workers in both government and NGOs stated that the child's views on the placement is the most important factor that influenced their decisions to place the child with a prospective foster parent. The Children Act 38 of

2005 states that every child of such an age, maturity and stage of development as to be able to participate in a matter has the right to participate (South Africa 2006: section 10).

Pamela, a social worker in an NGO, added: *“The needs of the child...The locality of the foster parent. The ability of the child to remain close to his/her roots. The happiness and willingness of the child to the placement. The child’s progress in school”* [**Pamela, B2:436-439**].

In the case of the “granny grant” application the best interest of the child was also through self-selection and there was no need for social workers to give due consideration of the standard in their decision-making.

4.4.4.3.Sub-theme 4.3.Time-consuming policies and procedures

The presiding officers require a number of documents for the adjudication over a Children’s Court inquiry. Many of the documents have a processing time factor. The social workers complete the advertisements for missing fathers and assist potential foster parents by dropping off the Form 30 and collecting their clearance certificate to fast track the application process because the processing time for the clearance certificate in terms of Form 30 can vary from 21 days to two years (Sibanda & Lombard 2015:341; Boning & Ferreira 2013 519; Ngwenya & Botha 2012:215). All the documents must be obtained and submitted by the potential foster parent. The delays in processing the applications for foster care is not only dependent on the potential foster parent obtaining and submitting all the relevant documents but on the resources of government to process the Form 30’s and the advertisements for missing fathers. It is mandatory that the prospective foster parent must complete the Form 30 and obtain a clearance certificate from DSD head office in terms of the Children’s Act 38 of 2005 for the application to proceed to court (SA 2006: section 126).

Elda, a social worker at an NGO, explains: *“We don’t have huge challenges but at intake we have challenges with Form 30 that needs to be completed that delays the finalisation of cases. These days the magistrates are not accepting the affidavit to prove application. They want the confirmation certificate. We have a lot of challenges with DSD returning these forms after 21 days”* [**Elda, B5:93-100**].

Crystal, a supervisor in a NGO, added: *“Sometimes we have to place an advert to locate a missing parent and we have to rely on DSD to do that and it may take longer than two months because they have budget constraints”* [**Crystal, B5:353-355**].

Each of the documentary requirements have its own time lines and it is difficult for the social worker to follow up on each case because of the high demand for foster care (Sibanda & Lombard 2015:341; Boning & Ferreira 2013:519; Ngwenya & Botha 2012:215). Whilst the decisions at intake to determine whether the child is in need of care and protection is completed within an hour of interviewing, but the compliance requirements for the relevant documentation to place the child in alternate care can take several months to several years. Experience forms a crucial part of the social workers’ decision-making processes and they have acquired experience in terms of how to fast track processing times for documents (O’ Sullivan 2011:117).

Social workers assist clients in obtaining this certificate issued in terms of Form 30, by dropping off the form and collecting the clearance certificates from DSD in Pretoria. Then foster parents must obtain a police clearance that has a time delay of three to 31 days and there are costs involved, which prospective foster parents find difficult to meet. Most applications for foster care by relatives involve unknown fathers. Court requires an advertisement to be placed in local newspapers to run for a month. Whilst the DSD bears the costs for the advertisements even for the private welfare organisations, it is costly and often the budget is depleted that can delay the finalising of applications from several months to years.

Courts also require the identity documents of children and if they don’t have them then the foster parents must apply and bear the costs for the identity documents of the child or children. In recent years the courts require unabridged birth certificates (Hearle & Ruwanpura 2009:431). There are also the requirements of the identity documents of the prospective foster parent, the death certificates or the identity documents of the biological parents of the children.

In the case of abused children, medicals must be completed, psychological reports if required and social work forensic reports are essential. The matter must be reported to the police and the perpetrator charged criminally. To remove a child to TSC, approval must be obtained from DSD for the TSC and this approval must be submitted together with a clearance certificate in terms of Form 30, a screening and the social

workers reports within 24 hours to court to confirm the placement in TSC. The social worker has 90 days to finalise the inquiry in terms of the Children's Act 38 of 2005(South Africa 2006: Section 151).

Noreen, a social worker in an NGO, explained: *"...we have to submit our reports to court three months before the lapsing date. The reports are detailed and it takes three days to complete a report. The court day is a whole day process and no work can be done. We send all our advertisements for missing parents to DSD and this too can be time-consuming. We also have to send Form 30 to the national register for sexual offenders and it takes 21 days to get a response. We have to also request for police clearance report from the police on all foster parents and this sometimes (takes) up to 30 days"* [Noreen B2:193-200].

4.4.4.4. Sub-theme 4.4. Lack of organisational resources for social workers to deliver of foster care services

There were no recordings in the case files about the resource challenges that participants experienced in rendering foster care and how it affected their decision-making processes. In the government sector the most widely reported constraint was the availability of cars for investigations which resulted from poor scheduling and planning for emergencies.

Gail, a social worker in government, referred to how the lack of resources influences decisions at intake: *"I can also say another factor is resources especially cars. Intake has one car. When one intake worker is doing investigations and a crisis arrives, then the other worker has no car to handle the crisis and do investigations. Now the intake worker is stuck. Again when the intake worker responds to a crisis who is supposed to continue with intake now that both workers are out? There is a waiting room full of clients"* [Gail, A5:143-149].

Social workers in both the government and the NGOs have serious challenges with the shortage of cars to undertake home visits and complete thorough investigations. If there are no cars available for the social worker to do investigations and the removal of children to TSC, the intake worker will not respond until a car becomes available as explained by **Boitumelo**, a social worker in government:

“One of the main factors is that when you want to go and investigate a case there is no car” [Boitumelo A2:267].

Martin & Mbambo (2010 63) found that the lack of cars and staff to reach children in need of care and protection identified by the Umtata Child Abuse Resource Centre project constrained their services. Dhludhlu & Lombard (2017:177) stated that due to the shortage of cars, several social workers travelled together in the same car to do home visits and that social workers required an office with furniture and telephones. Sibanda & Lombard (2015:343) also spoke about the poor working conditions of social workers. Ngwenya & Botha (2012 215) found a lack of social workers, cars, stationary, telephones and computers for social workers to render foster care services. The resource constraints of social workers in the rendering of foster care services have been well documented such as the shortage of staff, low salaries, poor working conditions, lack of systems support for administration and limited training (Dhludhlu & Lombard 2017:177; Hall, Skelton & Sibanda 2016: 68-71; Rochat, Mokomanen & Mitchell 2016:27; Sibanda & Lombard 2015:343-344; Boning & Ferreira 2013:519; Ngwenya & Botha 2012:211; Martin & Mbambo 2010:63; Hearle & Ruwanpura 2009:427; Ross et al 2008:6) and the findings were similar in this study. The NGO's were more seriously constrained than government by the lack of resources. Some social workers had limited airtime and land line services to communicate with clients. There were no computer based systems support in NGOs and their work were completely paper based.

Queen, a social worker in government, articulates on the resource challenges: *“We have challenges with cars and cannot do visits as often as we would like” (Queen, A4:116). “In addition to the lack of cars, it is almost a year we stayed without printer. We had to go to the NGOs to assist with the printing of our reports” (Queen, A4:127-128). “Sometimes we share offices and if I am doing intake then the other social worker must leave the office when I am interviewing a client. Most of the offices are shared space” (Queen, A4:178-180).*

Noreen, a social worker in NGO B2, explained: *“...I do not have the internet in my office in Olivenhoutbosch. I have to come to the office in town to access emails and print my reports. I can only write the report and make copies at my office. The offices at the main office are also very overcrowded and dilapidated” [Noreen, B2:1180-188].*

4.4.4.5. Sub-theme 4.5 Threats to safety and security of social workers

There is a lot of literature on the safety and security of the children in foster care but a dearth of information on the safety and security of social workers rendering foster care services especially to adolescents. A study by Mnisi & Botha (2016: 236-237) talks about the substance abuse and violence amongst the youth that leads to the breakdown in foster care.

Sizwe, the supervisor in an NGO, stated: *“In the present day with such level of violence in our communities, we always have to have female social workers accompanied by males for safety and when male social workers are removing a female child to be accompanied by a female social worker to protect the male social worker against impropriety... It is very difficult to work with teenagers. Some of them beat up their grannies and demand the foster child grant and spend it on drugs, alcohol and girls. There is a problem with the children in the age group 17 to 21 years”*. [**Sizwe, B4:358-374**].

The social workers in NGO's stated that they do not feel confident about their safety with the SAPS because they had experienced situations when the police abandoned them when a parent became violent. Sibanda & Lombard (2015:343) write about the lack of experience the SAPS has on child protection issues. Safety and security was a major concern amongst participants both in the government sector and the NGOs because of the escalating violence in communities. Social workers in both government and NGO's experienced threats to their personal safety from substance dependent parents who resist the removal of their children. Threats to social workers when removing children from their parents are not unusual and not unique to any one situation.

Boitumelo, a social worker in government, affirmed: *“Yes. We rely on the police a lot because in cases of abuse and neglect. In these cases when we go to remove a child or children the parents attack us with knives. In some cases we have to refer the child to the psychologist or the psychiatrist”* [**Boitumelo, A2:137-144**].

However, social workers are reporting that the levels of violence have become quite intensified in the recent years and one can only assume that this is attributable not just

to the removal of the children but also to the threat of their livelihood with the loss of the CSG as articulated by **David**, a social worker working in an NGO, stated:

“The risk of working in high crime areas where parents are violent and threaten physical assault. They keep grudges and constantly threaten you because you took away their children and with the children, the CSG (Child Support Grant) their only source of income” [David, B3:343-346].

These parents are dependent on the CSG to sustain their substance dependent habits and by removing the children, their source of income is threatened. For this reason social workers experience and will continue to experience serious threats to their personal safety if they act in the best interest of the child. There is also the threat of violence from foster children especially adolescents. In one NGO a staff member was fatally stabbed 14 times by a foster child.

Yolande, social worker in an NGO, spoke about the severity and reality of violence confronting social workers: *“In August 2019 an administrative worker was stabbed 14 times by one of our foster children. Now I don’t think people are going to be too keen to foster children in this community” [Yolande, B4:244-245].*

4.4.4.6. Sub-theme 4.6. The status of foreign children

The Conventions on the Rights of the Child to which South Africa is a signatory is the guide to the protection of foreign children in South Africa (Unicef 1990: Section ii). The Social Assistance Act No 13 of 2005 makes provision for foreign children to access social grants (South Africa 2020: Section 8). However, despite foreign children having the same rights as South African children, they encounter exclusion from all services, primarily because the children do not have access to an identity document that would enable them access to services. The issue was covered in a study by SASSA, DSD & UNICEF (2012: 120). Despite the strong advocacy to create an identity document for children of refugees and asylum seekers and abandoned children, there is little progress on this issue.

Yolande, a social worker in an NGO in case B4, states: *“Then you find both parents are from another country, foster care has to be done and now I am faced with the situation of having to place a foreign child in foster care” (Yolande B4:265-266).*

Pamela, a social worker in an NGO in case B2, stated: *“If the child is abandoned in hospital then it is easier, there is a proof of birth, a health card and an identity document. If the mother is a foreigner then they are not issued with a refugee identity document and you cannot finalise those cases and they you are going to sit with them in place of safety place of safety”* (**Pamela, B2:476-479**).

Lerato, a supervisor in government in case A3, explained how they are managing the foreign child challenges: *“We get a lot of foreign children and it is difficult to place them because they don’t have birth certificates and access to schools. We can’t always deport foreign children. If all your family is in South Africa, how do we deport them?. Home Affairs want the biological parents to register these children. We always give a food parcel...We also use the TSC grant which does not require a birth certificate. To request for social relief from SASSA, they want the supervisor to co-sign every application and I must furnish my practice number. I don’t see the reason why I must give my practice number to a SASSA junior official”* [**Lerato, A3:507-516**].

4.4.4.7. Sub-theme 4.7. Lack of training and attrition of trained social workers

Training is a critical element of empowering social workers and supervisors to skill them in effective decision-making. Whilst there is more formal training done in government there is more informal on the job training done in NGOs. Several authors have written about the lack of training provided to new social work recruits, lack of support from management on information and training on legislation and policies to social workers (Dhludhlu & Lombard 2017: 174; Ngwenya & Botha 2012:215; Chipunga & Bent-Goodley 2004: 83).

Participants in government had concerns with the process of selecting social workers for training, the lack of training for new incumbents, the lack of continuing training to keep abreast of new developments, lack of timeous training on amendments to legislation, new policies, lack of dissemination of information and a lack of response and support from management on training needs identified for personal skills development as articulated by participants in the following storylines.

Rose, a supervisor in government in case A4, explained the impact of selection process of social workers for training:

“The new social workers must be trained on the Children’s Act. The problem is that when training is organised they take one or two from each office and the others are untrained. Then the trained social workers leave and we lose capacity to guide the ones that were untrained. They don’t want to come back and train the others. ...Some social workers have no interest in social work, it is just that they received a bursary from this bursary scheme and they are here to fulfil the conditions of that bursary. They have low motivation for the work. Perhaps they had no interest in social work but just took advantage of the bursary” [Rose A4:351-362].

Gail, a social worker in government, stated: *“...they expect you to do such work that you have never received any training for. So you find yourselves just learning along the way by yourself. Training is a big challenge...you end up telling yourself it does not matter I will manage with what I know. On the legislation you google and learn what you can because none will send you for training on an Act or whatever. You will have to see yourself how you deal with it. The Children’s Act, they prioritise it when you nominate it you will be sent to it, but what about the other Acts such as the Domestic Violence Act, Older Persons Act, Social Assistance Act?” [Gail, A5:443-451].*

Fikile, a social worker in government, added: *“I have been attending trainings and trainings but nothing specifically on foster care. We did an introduction to DSD and how DSD works, victim empowerment, substance abuse. I did not have any training in the last six months” (23-25). “*

4.4.4.8. Sub-theme 4.8. Challenges social workers experienced working in communities

The communities and townships in which social workers work have high poverty, unemployment, maternal mortality and social pathologies like alcohol and drug dependence, gender-based violence, child abuse, neglect and the burden of care is also high (Hearle & Ruwanpura 2009:427-428). In poor communities there is high demand for social services like drug and alcohol treatment programmes and centres, child assessment centres, youth training centres, after school care programmes, planned parenthood programmes, chronic illnesses, grief counselling, psychiatric and psychological services to name a few and the availability of these programmes which are very scarce which affects the quality of services social workers can render

(Zeijlmans et al 2018:8). The demand for foster care is primarily from poor families in poor communities (Boning & Ferreira 2013:532; Hearle & Ruwanpura 2009:427; Nyasani, Sterberg & Smith 2009:184). In these community resources such as unrelated foster families that are financially sound and willing to care for orphaned, neglected, abandoned and abused children are few and do not meet the demand (Zeijlmans et al 2018:461).

Boitumelo, a social worker in government, reported: *“In this case. I contacted the grandmother who was unwilling to care for the child. There were no other relatives I could contact to place the child. I then contacted CYCCs that refused to take the child with a medical condition because they did not have a nurse to administer her medication, and I then contacted an unrelated foster mother that specialises in sick children and she agreed to accept the child and thus placed the child in her care”* [Boitumelo, A2:100-107].

Ross et al (2008:101) also mentioned the resources required by children with disability and the lack of availability in poor communities. There are also limited CYCC's which impose stringent criteria leaving children with chronic illnesses, disabilities and older children in dire need of care facilities.

David, a social worker in an NGO, added: *“There are not many resources for a child with disability. The developmental needs of the child and is care dependent. In this area SASSA does not give a care dependent grant to a child receiving a foster child grant”* [David, B3:259-261].

Xola, a supervisor in an NGO, explained how fortunate they were to find a school for the autistic child close to the foster parent: *“In this case it was not only about the safety of the child but also making sure that his special needs are catered for. We had to make sure there was a school for autism and that it was accessible.”* [Xola, B3:410-423].

There is high prevalence of alcohol and drug dependency results in clients being very aggressive and violent. The prospects for the rehabilitation of substance dependent adults and youth are poor because they cannot be separated from their problem environment.

Yolande, a social worker in an NGO, explained the violence in the community: *“The nature of problems in communities are becoming very complex and life threatening to*

social workers and foster parents. Children are on drugs and will beat up the grandmother or single aunt to get the foster child grant to buy drugs” [Yolande, B4:223-226].

4.4.4.9. Sub-theme 4.9. Social workers considered the solution to all problems and specialists in none

Participants indicated that social workers are viewed by citizens, politicians and government departments as the solvers of all human problems and issues that they themselves cannot solve. Literature confirms that social workers as frontline workers are confronted with all kinds of problems and issues to resolve (Lipsky 2010:13). Most departments use social workers to screen their clients to prioritise the neediest through letters of referrals. However, there are few specialist social workers that have vast amounts of knowledge in an area in which they can render intense services. The following storylines explain this factor.

Boitumelo, a social worker in government, stated:

“I think people are now more familiar with the services of the social worker. They think they can go to the social worker about any or all the problems they have. I think we are the jack of all trades. The people think we are the jack of all trades. We social workers need to be well resourced and very knowledgeable about the resources that are out there. There are many problems in the community that people can’t cope with like substance abuse especially “nyaope” that is like an epidemic in the community. With the Department, we could be assisted with more tools to streamline our work and capture the most important issues that we deal with” [Boitumelo A2:440-447].

Mike, a social worker in government in case A4, added: *“With us I feel like we are more like general workers than social workers. If there is something to do with the police, you will go and inquire at the police station, you will go and collect medical reports. If the magistrate needs something from a psychologist he will not request directly but ask you as social worker to go and get a report from a psychologist. Their instruction goes to you. You then have to request for this information formally. You have to write to Home Affairs, Dept. of Health etc. Even our community with issue of the government changing, our people have become more dependent. (Mike, A4:274-289).*

Winnie, a supervisor in government in case A2, explained: *“There is a lot of political interference, you will want to place a child with a family member but some relative would want the child to go to a CYCC. The politician will actually call the CYCC and reserve a space for the child. Social workers will want to place a child with a family but politicians will want a CYCC on the request of some family members...”* [Winnie, A2:594-598].

Even politicians during their *imbizos* and community campaign will use social workers as their response agents to community issues. Politicians market services as free and unconditionally accessible placing a lot of pressure on social workers (Dhludhlu & Lombard 2017:169; Ngwenya & Botha 2012:215)

Mike, a social worker in government, referred to above and explained further: *“Then we have undue pressure from politicians, if there is any disaster or any issue in the community, we social workers are dispatched to go and address the problems. We don’t have the solution to all people’s problems. We are called to respond to housing issues, basic necessities, lost IDs. Our role and responsibilities in these situations are not defined so that we can add value in terms of what we are equipped to do. In a crisis situation we can only refer and this is not really helping them. We sometimes need protection”* [Mike, A4:293-298].

4.4.4.10. Sub-theme 4.10. Relationships between role players in decision-making in foster care

The researcher could not find literature on this issue. Both government and NGOs render foster care services within defined jurisdictions as per memorandum of agreements between government and the respective NGOs. Government is the main service provider and is the custodian of certain functions such as the, the issuing of the clearance certificates in terms of Form 30 for prospective foster parents to qualify for foster care (South Africa 2006: section 123(1)(c)) the approval of TSC facilities if they are already not registered, the payment of allowances for TSC (South Africa 2006: section 151&152), the canalisation of all transfers and extension orders for children over 18 years (South Africa 2006: section 176), payment of subsidies and approval of social and supervisor’s post for NGOs (South Africa 1996:section 6).The challenges in the service delivery environmental are articulated in the following storylines.

Yolande, a social worker in an NGO, explained the difficulties in getting subsidies on time from government:

“When it is time to review our SLA with DSD, there is no funding for several months” [Yolande, B4:219]. Yolande, continues to explain the challenges in getting a clearance certificate in respect of Form 30: *“We have a serious problem in getting Form 30 certificates for foster parents in emergency placements. It takes 21 days and more to get the certificates. We have only one car. We have to use this car for fieldwork for five social workers, emergencies and to drop and pick up Form 30s. We sometimes feel so overwhelmed by hopelessness...when we get to DSD we can be told the system is off line, come back another day. For us time wasted is very expensive. If the car goes to Pretoria it means a whole day of fieldwork is missed and reports cannot be prepared on time”* [Yolande, B4:245-253].

However, if the respective role players perform their functions effectively and efficiently, then social workers will be capacitated to improve decision-making and optimise service delivery. As is clear from the storylines this is not often the case, social workers in the NGOs experience delays in obtaining clearance certificate in terms of Form 30, delays with the payment of fees for TSC facilities that further constrained their limited resources; their subsidies are delayed for several months resulting in social workers having to work without municipal services, threats of eviction over unpaid rents, no salaries, lost files and correspondence when request are made for canalisation and registration of case files.

Both government and NGOs experience long delays with the transfer of files when the foster parents reside in a different area to the biological parents of the child. There are long delays experienced by both government and NGOs when requests are made from each other for screening reports of the prospective foster parents.

Elda, a social worker in an NGO, explained the challenges with canalisation and other orders from government: *“We struggle quite a lot to get orders from the DSD in terms of transfers and extensions for over 18 year olds, leave of absence, and Form 36. The turnaround times are long and when you follow up, they don’t know what you are talking about and you have to resend the reports and documents and this can cause a lot of frustration. The availability of other professionals to provide reports for foster*

care placements and the red tape you have to follow to get children into the institutions” [Elda, B5:363-369].

Tanya, a supervisor in an NGO, discussed the difficulties when they shared cases with government:

“We are also struggling to get cooperation from DSD. In some cases the child is in our area but the prospective foster parent is in the DSD area and we need the screening report to finalise the placement and we just don’t get the report. You will report to the supervisor, you email, you go there personally and still you will not receive anything. The social workers at DSD don’t answer their telephones, they don’t respond to emails. Obtaining form 30s from DSD Pretoria is also a long wait” [Tanya B5:367-373].

4.4.4.11. Sub-theme 4.11. Lack of administrative support for social workers

In most government offices the social auxiliary workers are used as receptionists to screen and register clients on the Saputsela system. In a study by Mampane & Ross (2017:11) found that some participants (foster children) knew the name of the social auxiliary worker and not of their social worker. The auxiliary social worker has the first contact with the service user and is used to conduct home visits to gather information on the case.

Queen, a social worker in government, explained *“Sometimes we ask the social auxiliary workers to go and visit because we have a lot of typing to do” [Queen, A4:74-75].*

There is the manual movement of files from intake to the supervisor to the record management centre for registration, back to the supervisor and then allocation to the fieldworker which can take several weeks to several months depending on the workload at the records management centre and the availability of the supervisor to allocate the files to social workers (Ngwenya & Botha 2012:215).

Boitumelo, a social worker in government, added: *“The courts insist on the submission of all the required documents. Sometimes you can submit your reports three months in advance but sometimes we forget that an order is lapsing and we have to run to court. I write the due dates in my diary, the supervisor also has the dates diarised and reminds us when she has not seen the report” [Boitumelo, A2:460-463].*

The researcher is of the opinion that an administrator at the local offices can assist supervisors and social workers to follow up and track files thus minimising delays. Social workers also experience difficulties managing the return dates for their orders; a function that can be performed by a receptionist cum administrator.

Gail, a social worker in government, stated: *“The lack of administrative support to manage expiry dates and the delayed allocation of cases place huge amounts of pressure. You have a number of orders expiring for cases under supervision, then you have new cases for opening and closing and clients are very frustrated with the long delays, and thus loss of access to the foster child grant”* [Gail, A5:456-460]. *“I try to manage my cases by organising them by return date. The supervisor has an NRA for the whole office but I don’t depend on her, I do it for myself. I am on top of my orders”* [Gail, A5:420-421].

Chipungu & Bent- Goodley (2004: 83) state that social workers spend an increasing amount of time on meeting paperwork rather than rendering professional services. The participants shared that social workers are currently compiling process notes and reports manually, then scanning and uploading onto an electronic system. This dual administrative function consumes a lot of their time.

Anna, a social worker in government, referred to the added administrative work with the introduction of automated systems:

“Currently we have to work on electronic files and manual files. We are required to print our reports, scan and upload to the electronic files which is also a lot of additional work. We find that when we are ready to print the reports, the printer is not working” [Anna, A3:315-317].

The scanning and uploading of their documents could be performed by an administrator until social workers become fully automated. Social workers also complete their own logistical functions such as reserving a car for fieldwork, and completing the paper work which could also be performed by an administrator and thus free up their time for professional services.

4.4.4.12. Sub-theme 4.12. High caseloads, workloads and backlogs

Social workers complained of high caseloads and work overload from generic practice. They perform intake on a rotational basis and do emergency removals at intake. Then they have regular caseloads for placements and supervision of foster care respectively. During supervision social workers' workload gets magnified when they have to do two or more transfers per case or a new inquiry for expired court orders and extensions during supervision (South Africa 2006: sections 155,159,186,171 &176). The high caseloads of social workers have been reported by other authors (Sibanda & Lombard 2015:344; Boning & Ferreira 2013:525; Ngwenya & Botha 2012:211).

In addition to case management, social workers have to spend at least 10% of their time on group and community work to meet the requirements for an integrated practice. Hence, time and workload pressures make it impossible for social workers to give each case the due professional attention it requires and they come to rely on intuition for quick decision-making (Kirkman & Melrose 2014; Tupper et al 2017:36-39). In a study amongst three local authorities in the UK on decision-making in children's social care, Tupper et al (2017:36-39) showed that the higher the caseload, the lower the progress on the cases to further action. Whilst this is a general trend, the lowered level of performance amongst social workers with high caseloads can vary depending on localised factors (Tupper et al 2017:36-39).

Gail, a social worker in government, stated: *"The social workers in addition to statutory work they have to counsel clients; refer to other services. In addition to the 195 cases for supervision, I have 40 cases for opening and closing and expected to do five per month, I am expected to do community programmes, family preservation, active aging community awareness, group work and assist with intake, then the statutory work, and respond to clients' demands. You don't always feel that you have done the right things by clients. Every one of us had a social auxiliary worker that used to help with Section 176 reports, collecting of documents and doing home visits to collect information makes working with this high caseload very difficult."* [Gail, A5:460-473].

Anna, a social worker in government, shared: *"The caseloads are high. I have about 141 cases and cannot have one contact per quarter in some cases. We have to submit our reports in terms of section 159 at least three months before the order lapses. It is*

difficult to do quality work with such high caseloads. Even though you plan, you end up neglecting the plan. It is easier for me to do a note in point form than a full process note because we don't have the time. Sometimes I go to court without recording any process notes..." [Anna, A3:298-304].

Backlogs are not a cause for poor decisions but a symptom and consequence of poor decisions made in relation to how services are structured, resources are utilised and foster care is implemented. There are long delays at intake when a client must comply with all the administrative requirements to process an application for foster care before the client can move to the next stage of the foster care application process. Ngwenya & Botha (2012: 215) state the large backlogs in the expired and lapsed foster care court orders are the results of several factors namely high caseloads, and poor social worker working conditions, to name a few.

The analysis of the case file analysis showed large backlogs for foster care applications ranging from five months which was most common (**A1F1: 4-5, A2F2:5-27**), two years (**A4F4:26-27**) to six years (**A3F3 25-26**). The Department also implement certain administrative procedures internally such as the registration of new files in the records management centre that accumulate backlogs and files are returned late to local offices. The records management centre is semi-automated requiring files to move manually from offices to the centre and back. Files are allocated by the supervisor, depending on the availability of the supervisors to social workers from one phase of foster care to another which contributes to the delays in processing applications and extending orders for foster care (Dhludhlu & Lombard 2017:175; Ngwenya & Botha 2010:209)-

Queen, a social worker in government, remarked: *"It takes more or less three months to allocate the case to the social worker. We have a backlog of cases for allocation. In this office the social workers work according to specialisation and not according to areas"* [**Queen, A4: 27-41**]

4.4.4.13. Sub-theme 4.13. Supervision of social workers

Supervision is an important factor in helping social workers to both make sound decisions and shape their decision-making processes with respect to their cases (Munro 2009:143). It provides opportunities for the review, reflection and action

(O'Sullivan 2011:13, Collins & Daly 2011:25). The DSD has a number of norms and standards for social work supervision that are implemented by both government and the NGOs (DSD [sa]: 50-54). There are also norms for the workload of supervisors in terms of supervision (DSD [sa]:4). In line with the norms and standards for supervision, the DSD has developed a Framework for Supervision of Social Work (DSD [sa]:4). The framework responds to the lack of training in supervision for supervisors, the large workload of supervisees, the lack of supervision and supervision not meeting professional standards. The framework responds to the supervision of social workers, student social workers, social auxiliary workers and learner social auxiliary workers. Supervision is defined by the DSD framework, as an interactional process within the context of positive anti- discriminatory practices based on distinct theories, models and perspectives on supervision, delegated to a supervisor with the required qualifications and experience (DSD [sa]: 7-10). The supervisor is required to supervise all categories of subordinates (DSD [sa]: 7-10).

The function of supervision is to educate, support, identify training needs, perform administrative functions and render supervision on the total workload of the supervisee. Supervision is a one to one interaction between the supervisor and supervisee based on a contractual relationship (DSD [sa]: 8-10). Supervisors must be able to detect and counteract biases and personal beliefs that affect the decision-making processes of social workers by questioning and helping social workers to reflect on their decisions. Supervision is presented as a critique to helping social workers effectively apply and blend both analytical and intuitive reasoning into a mixed approach (Munro 2008:10). Sharing decisions only helps to improve the decisions of social workers and the outcomes of people impacted by the decisions. Supervision is shared accountability and responsibility for the decisions made by the social worker (Collins & Daly 2011:28) The social work supervisors employed by government (DSD) and by the NGOs reported on how frequently social workers receive supervision, the supervisors' involvement in the decision-making processes of the social workers at each stage and phase of foster care and social workers' response to a lack of supervision.

4.4.4.13.1 Category 4.13.1. Frequency of supervision

The norm and standard O-SP-2, on the frequency of supervision states that the frequency of supervision for newly qualified social workers should be fortnightly and they must be supervised for three years before moving to the next level which is consultancy. Social workers at the consultancy level are supervised as when they require it (DSD [SA]:50). The norm and standard O-SP-8 states that supervision should be structured and planned, including all the functions of the supervisor (DSD [SA]: 51).

However, in practice as reflected within the study supervisors preferred the open door policy rather than planned and structured supervision, where social workers approached the supervisor as and when they required guidance. Supervisors agreed that it is difficult for them to maintain a structured programme for supervision because of competing priorities, however they try to meet this obligation if not twice a month, at least once a month.

Ngwenya & Botha (2012:215) state that social workers did not receive support from management, there was not enough supervision and social workers did not know what was expected from them. They also added that there was insufficient consultation and communication between supervisors and management with social workers. In an article, Dhludhlu & Lombard (2017:175) state that social workers did not receive support from their supervisors because of the supervisors' work overload and that management followed a top down approach in communication and thus did not give them an opportunity to articulate their concerns. Supervisors in government do not supervise the social workers on the whole caseload, only on cases that social workers have difficulties with decision-making. The duration of supervision is based on the arrangement with the supervisor. When asked about the frequency of supervision, the DSD supervisors also distinguished between relatively new practising social workers and more experienced social workers. More frequent supervision was scheduled with the new recruits for guidance in decision-making but not on all their cases. The social workers at the level of consultancy are rarely supervised and sometimes act as mentors to the lesser experienced social workers. The following storylines support the foregoing findings.

Ida, a supervisor in government, claimed: *“Supervision takes place once a week per social worker. However, I have an open door policy where a social worker can walk in any time and request for assistance”* [Ida, A1:68-70].

Lerato, a supervisor in government, explained: *“I see two on a weekly basis where I explain to them what are the Act, what is the processes and and and...”* [Lerato, A3:105-108].

Zara, a supervisor in government, spoke of being expected to provide supervision on a monthly basis but stressed that there are sometimes obstacles to this occurring: *“You know what; we are expected to do it monthly. That is the ideal; we want to do it monthly. Because of the caseload we are having we are just doing it bi-monthly and after that it is just consultation. Consultation is every day. I have an open door policy”* [Zara, A5:49-52].

The supervisors in the NGOs also distinguished between the frequency of supervision and the frequency of consultation. The only evidence of quarterly supervision notes was found in the case files of the NGOs. There was no guidance on decision-making but a note on the return date for reports and the file. Only one participant supervisor performed an audit on the entire caseload of the social worker and that was in casefile B5F10 in line with the supervision standards mentioned earlier.

Tanya, a supervisor in an NGO, explained how she conducts group and individual supervision as well as an open door policy: *“...I do individual supervision and then we do group supervision and my office is open all day long and whenever they need assistance they can just walk in or whatever it is that they need. I meet with the newer social workers weekly and the older ones on a quarterly basis. It is very difficult because the day you schedule supervision is the day they have a removal or court inquiry going on. So you end up constantly rescheduling on a weekly basis”* [Tanya, B5:37-49]. *“I also do an audit of all files at least once in six months from Intake to supervision”* [Tanya; B5:252-253].

4.4.4.13.2. Category 4.13.2. Involvement of the supervisor in decision-making during the different phases and stages of foster care services

There is no literature on the role of supervisors in the decision-making processes of social workers in each stage and phase of foster care. It is an important factor to

determine the nature of the decision-making processes occurring in foster care. This category emerged from analysis of the responses of the supervisors in both government and NGOs of their involvement in the social workers' decision-making processes at each phase and stage of foster care. The following sub-categories of findings emerged:

Sub-category 4.13.2.1. Involvement of supervisor in decision-making during intake stage of foster care services (Assessment Phase)

In both the government and the NGOs the supervisors' are not involved in the decision-making processes of social workers at intake, unless the social workers request for assistance. Hence the decisions made at intake are at the discretion of the social workers and there is no oversight that ensure that the decisions are unbiased, non-discriminatory or accurate. The supervisor does get the file from intake to allocate to the fieldworker but from the case file analysis there were no inputs from the supervisor on the decisions that were made by the intake social worker, only a return date for the finalisation of the case. Decision-making at intake is made at the sole discretion of the social worker with no supervision support, guidance or reflection on the decisions made by the social worker.

Ida, a supervisor in government, explained that she was involved at the intake stage in the following manner: *"I read the case. I open up a file and give the directive for further investigation and placement of the child"* [Ida, A1:110-111].

Lerato, a supervisor in government, indicated: *"I rarely will I get involved but when the form comes to me I will look at it and decide if it is a foster care application and then approve for the file to be opened. If I find that there is no reason for an application then I will let the intake worker inform the client of the reasons that the application is not qualifying"* [Lerato, A3: 211-215].

Xola, a supervisor in an NGO in case B3, stated: *"Yes I am active. The social worker cannot open a file unless I see the intake documents and approve the opening of the file. When the documents come to me I make notes on the file to open a permanent file or render services for six months and after that close the file"* [Xola, B3:155-159].

Sub-category 4.13.2.2. Involvement of supervisor in decision-making during the prevention and early intervention stage of foster care services (Assessment Phase)

In both the government and the NGOs the supervisors approve the programmes that are planned for group and community intervention but do not get involved in the implementation of the programmes, which are done at the sole discretion of the social worker. In community and group work programmes the decisions of the social worker involve several individuals and there is collective involvement and hence there are collective responses to the decisions made by the social worker. The supervisors in government responded as follows:

Ida, explained how she as supervisor is involved: *“I plan the preventive events and also recommend to the social worker the resources that can be used to help the client, the prospective foster child and the family”* [**Ida, A1:168-170**].

Winnie, said she is not involved: *“I do not get involved in preventive decisions. I am going to be honest and tell you that preventive work with our mothers who are drug dependent or are missing is not effective. These parents don’t want to take back their children. There are those with unintentional neglect who with a little guidance are able to resolve the presenting problem”* [**Winnie, A2:290-294**].

Most of the supervisors in the NGOs said they were not specifically involved in the decision-making during the preventive stage.

Crystal summed it up in this way: *“I guide the social worker on the treatment plan for the biological parent and support the placement of the child in foster care”* [**Crystal, B2:231-232**].

Sub-category 4.13.2.3. Involvement of supervisor in decision-making in the investigations stage of foster care services (Assessment Phase)

Supervisors in both government and NGOs usually do not get involved in decision-making during the investigation stage. The social worker exercises sole discretion on how the evidence will be collected and the decisions that will be made in respect of the child. There is no reflection for confirmation bias, influence of personal values or decisions avoidance by the social worker (Kirkman & Melrose 2014: 25).

Supervisors will, however, give input depending on the experience of the supervisee. The supervisors in government responded as follows:

Winnie stated: *“I am not involved that much only in decisions during placements. This is mainly a fact gathering process”* [Winnie, A2:369-370].

Rose added, *“It all depends on the maturity of the social worker. If the social worker is experienced then I don’t but if I feel the placement will not benefit the child then I do. The new social workers normally consult when they are not so sure about the placement”* [Rose, A4:216-219].

The supervisors in the NGO’s do not get involved in decision-making except for the following:

Xola stated: *“I normally have to facilitate the social worker’s thinking into how I apply the restorative justice principles, how did I apply the best interest of the child principle.”* [Xola, B3:325-329].

Sub-category 4.13.2.4. Involvement of supervisor in decision-making during the placement phase of foster care services

From the findings it is clear that all supervisors are involved in this phase of foster care by canalising the social workers’ report for court. The role of the supervisor is not to guide the decisions of the social worker but to quality check the content of the report for inclusion of the relevant evidence to support the recommendations made by the social worker, ensure the correct sections of the Children’s Act is used, edit the content and ensure that the report meets the standards of the court. Social workers appear in court alone and defend their decisions (DSD 2012: Chapter 9; South Africa 2006: section 155). The social workers are given responsibility and accountability for their decisions. The supervisors in government reported that they were involved in decision-making as follows:

Lerato stated: *“I am very involved at this stage of the case. I canalise all the reports and if I have concerns, I discuss them with the respective social worker”* [Lerato, A3:416-418].

Winnie added, *“This is my most significant involvement. I have to make sure the report meets the standards of the court and the information is complete and makes sense.*

The report must not state the child is displaying behavioural problems and then nothing was done to address the problem. The information in the report must be needs-based and individually based” [Winnie, A2:411-415].

Amongst the NGO’s only two supervisors reported their involvement in the decisions’ making processes as follows:

Unathi stated: *“In a new case I get involved from the very initial stages of the placement. If I don’t agree with the placement then I will lead the social worker in understanding I don’t agree with them and they will have to make me understand theoretically why their decision is the best under the circumstances and how can this be in the best interest of the child. I have trained the social workers on Form 38 and taken them through each section showing them how one section leads to the other and how to link them to the evaluation” [Unathi, A1:313-320].*

Xola added: *“I canalise the report. Sometimes the presiding officers will phone me and say they will not proceed with the case because of the report but very rarely” [Xola, B3:426-428].*

Sub-category 4.13.2.5. Involvement of the supervisor in decision-making during the supervision phase of foster care services

The participants indicated that the supervisor does not get involved in the social workers’ case plan during the supervision phase and its implementation with respect to the foster child and foster family or in the day to day decision-making of each case. The supervisor only gets involved in the canalisation of reports for the extension of court order and the transfer of placement reports. The guidance provided to social workers on the court reports during supervision of foster care is the same as that provided during the placement phase as articulated by the supervisors in government in the following storylines.

Ida stated: *“... as a supervisor I may not agree with the social worker’s decision and suggest a different recommendation based on the evidence available such as the family stability, good academic performance etc. I have a manual catalogue system with a return date or reports on each case and these are filed by return dates. I follow*

up on each case by their return dates, provide advice and alternate decisions” [Ida, A1:343-348].

Winnie added: *“We get a list of all the court orders that are expiring from SASSA and we also have our office foster care database and that office database has the name of the social worker. I go through both databases and see which orders are expiring and who the social workers are and during supervision I ask the social worker to prepare the cases for supervision. We use these databases as tools for monitoring during supervision” [Winnie, A2:542-548].*

All supervisors in the NGO canalise the court report as reported by **Sizwe** who stated: *“I supervise and canalise the reports. Sometimes social workers...they ask for me to come and sit in some of their case conferences. Most cases are old cases and the children are now teenagers and you have to be very firm with the children. They overemphasise their rights” [Sizwe, B4:340-345].*

4.4.4.13.4. Category 4.13.4. Social workers response on the lack of supervision

Some social workers stated that they did not receive supervision regularly and that by not receiving supervision, the supervisor was not sensitive to their high caseloads, holding onto files for long periods that resulted in backlogs and not supporting them in closing files to ease the workload. The frustration and insecurity social workers experience with the lack of reflection on their decision-making processes is summed up quite aptly by Dhludhlu & Lombard (2017:175) who write about the lack of support, consultation between social workers with supervisors and management. The supervision provided to social workers do make social workers confident about their decision-making (Ngwenya & Botha 2012:215). The following were the responses from social workers in government which confirm the lack or poor supervision that affect the moral and confidence of social workers in their decision-making processes.

Gail stated: *“You don’t always feel that you have done the right things by clients. Every one of us had a social auxiliary worker that used to help with Section 176 reports. Collecting of documents and doing home visits to collect information makes working with this high caseload very difficult. Not having constant supervision with the supervisor is also a challenge. If we had constant supervision the supervisor will be sensitive to the high number of caseloads and all these challenges. Maybe she will*

look to see whose is not having a caseload and play around to ease the workload and make sure it is manageable” [Gail, A5:465-473].

Helen stated: *“My supervisor will refuse to approve cancelling placements, saying that it will affect the statistics. In some cases the children would be 17 years and it will be argued that these children are not in school and unemployed and how will they will be able to support themselves if the grant is cancelled” [Helen, A1: 344-346].*

Only one social worker in the NGOs stated receiving adequate supervision. All the other social workers were consultants with more than five years’ experience in social work.

Vera said: *“When we approach her (the supervisor) on a difficult case and she will tell us step by step what decisions to make. We have individual supervision and we have group supervision every month. You bring all the cases, those that we call red flags for supervision. She will also find out how you are doing with the rest of the caseload and how are you managing your time and are your reports submitted on time” [Vera, B2:364-371].*

4.4.4.14. Sub- theme 4.14. Participants’ descriptions of how foster care services are structured at their offices in government and NGOs

This sub-theme emerged from the data analysis of participants’ descriptions of how foster care services are structured at their offices in government and NGOs. Two categories of findings emerged from this sub-theme namely participants descriptions of how foster care services are structured at their offices in government and participants descriptions of how foster care services are structured at their offices in NGOs that indicate foster care services were differentially structured in the respective offices displaying the characteristics of managerialism (Rogowski 2018:73; Evertts 2010:1139; Buckley 2003:178). Managerialism is described as a process where social workers are controlled by managers whose emphasis is on completing bureaucracy speedily to meet targets (Rogowski 2018:73).

The participants in three NGOs reported flat structures where one social worker worked on a case from beginning to end with a strong emphasis on professionalism and relationship based social work (Hall, Boddy & Chenoweth 2016:30; Evertts 2010:140). Professionalism is described as a process where an individual and in this case the

social worker with specialised knowledge and qualifications, enhanced by practice wisdom performs a set of functions and activities in accordance with the values, ethics and code of conduct of the profession, respecting the rights, dignity and autonomy of the client who is the centre of focus (Gambrill 2009:39). Nordesjö (2020:239) states that the structuring of services can be framed in two ways in relation to social work professionalism namely organisational professionalism aimed at conformity to procedural standards and occupational professionalism where the procedural standards are aimed at being formulated from professionals' perspectives and needs. The tension between the two types of professionalism experienced by social workers is handled through a decoupling of frames, creating two systems for standardisation, one is directed outward for legitimacy reasons, and the other inward for efficiency reasons namely managerialism (Nordesjö 2020:240)

4.4.4.14.1. Category 4.14.1. Participants' description of the structure of foster care services in government

Three of the government local offices had a three layered service structure where there would be one social worker performing intake, a second social worker completing the investigations and placement phase of a foster care case and a third social worker doing supervision and reunification services in the case.

The **three layered structure** of service delivery is explained by social worker **Helen**, a social worker in government: *"The client enters the office and goes to reception. There she will be assisted by a social auxiliary worker to complete a form with her identifying details. The social auxiliary social will then call the intake social worker to come and collect the client. The intake worker will interview the client and see if there is a need to place the child in foster care. She completes an intake form and refers the information to the supervisor to approve the opening of a file and referral to the fieldworker for investigations and the placement of the child and the application for the foster child grant. After the placement of the child, the file is referred to another social worker who does supervision and the extension of the court orders until the child is discharged when he or she turns 18 years or the placement or extended to 21years"* [Helen, A1:31-42]

Service delivery in government in these three local offices were highly structured and bureaucratic. The literature on the structure of service delivery suggests that services that are decoupled from each other tend to create multiple and conflicting moral systems where moral systems refer to social work decisions that are based on the best interest and dignity of the service user (Nordesjo 2018:232; Evertt 2010: 43). It is further stated by Evertt (2010:143) that organisations that ascribe their clients' low social worth tend to structure their services in a highly routinised and bureaucratised manner so that the social worker and client relationship is minimised which results in relationships of suspicion and mistrust.

The speedy processing of clients in accordance with bureaucratic efficiency is confirmed by **Mike**, a social worker in government: *"The influx is high and we are only two intake workers. We have to see clients very quickly to prevent people waiting for long periods. If one social worker is doing intake, the other is attending to crisis or follow ups. We rotate: one week we do intake and the following week we do follow ups on cases"* [Mike, A4:94-96].

The growth of the managerial component of foster care where the caring element of social work services have given way to efficiency procedures, system audits and production monitoring, disempowers the active participation of clients in the decision-making processes over the services that are provided to them (Nordesjo 2020:230; Rogowski 2010:74; Buckley 2003:178).

There were two government local offices that followed a **two layered structure** in rendering foster care services where all social workers did intake on a rotational basis and completed investigation, placement of a case allocated to them and the second social worker would continue the supervision services.

Another social worker **Gail**, in government, added: *"If the client is for this office, then she refers the client to intake. Intake will collect all the documents, complete the application form for the granny grant and then we have a book where we register all the foster care applications. We send all the documents to records management to register the file on the system and then they send it back and the supervisor allocates it to the area fieldworker. ...After the supervisor allocates the file, I do the fieldwork for the placements and then continue with the supervision and reunification. I do everything in the case until the child is discharged"*. [Gail, A5:31-51].

According to Evertts (2010:145) there is an implicit assumption in professionalism that the expertise of social workers will provide them with sufficient autonomy to guard against organisational intrusion into the helping process. He adds that organisations that ascribe high social worth to their clients and see them as an integral part of the decision-making processes in their services trajectories are likely to be structured as citizen centred services. “When a client is accorded high social worth, social workers are motivated to mobilise all the organisational resources to affirm such a status by treating them as subjects, encouraging them to become active participants in decision-making processes during the course of their services. Clients that are treated as objects, are worked on rather than worked with” (Evertts 2010:44).

One of the factors that influenced the way services are structured are the workload of social workers, affirming that managerialism take precedence over professionalism. The uneven distribution of caseloads amongst social workers rendering foster care was identified as factor influencing foster care by Ngwenya & Botha (2012:215). Some local offices then consciously structured their services around ensuring an even distribution of caseloads amongst their social workers.

The supervisor **Lerato**, in government, reported: “*Then I allocate the file again to the fieldworker, it can be the same social worker or another area social worker to ensure that the caseloads are evenly allocated...*” [**Lerato, A3:22-63**].

A second factor that influences the structuring of foster care is the eligibility criteria for services between government and the NGOs. There has been a long history of partnership between government and NGOs on services to children and their families but information on these arrangements are not made available to clients in an explicit manner. The demarcation of services between the different organisations in the respective districts causes a lot of confusion and frustration among clients as was articulated by **Queen**, a social worker in government:

“*We encounter very angry citizens. We are situated here in Geluksdal and we are not servicing that community. It is under the jurisdiction of Child Welfare*” [**Queen, A4:167**].

In government sector our resources are allocated at the intake stage to respond to pressure of a large number of waiting clients (queue pressure) in real time (Hall,

Boddy & Chenoweth 2016: 26). The client is not likely to experience a continuity in decision-making with the same social worker because the first contact between client and social worker is more a frontline service which is completed on an intake on a rotational basis by social worker and is highly routinised and procedural, as stated by **Mike**, a social worker in government:

“We are five social workers and we all have turns doing intake according to a roster”.
[Mike, A4:33-42].

4.4.4.14.2. Category 4.14.2. Participants’ description of the structure of foster care services in the NGOs

The patterns of practice in the NGO organisations can also vary depending on the resources available but most NGOs, such as B1, B3 and B5 adopted a flat structure and more seamless interfaces with clients than government, where one social worker rendered services in a case from the beginning to the end with emphasis on social work professionalism. Social workers influenced the relationships they built with their clients, through close involvement over an extended period of time. The rich engagement between social worker and client results in a humanising and moral service (Nordesjo 2020:230; Hall, Boddy & Chenoweth 2016:28; Everttts 2010:144). This is demonstrated by the articulation of one social worker, **David** in an NGO:

“The client come in, sees the receptionist. The social auxiliary worker will complete the intake form and gather the core summary of the problem. Cases requiring the social worker’s intervention are referred to me and depending on the severity of the case I assess to determine if immediate intervention is required or can follow the normal procedures”. **[David B3:32-35].**

His supervisor **Xola** confirmed this process: *“When a client enters our office, they see the receptionist and she will refer the person to the social worker...and since we only have one social worker that person will complete the processes from intake to supervision and reunification. The intake completes that intake form and goes through a standardised procedure of collecting the relevant documentation...The social worker will then investigate and determine if it is a foster care or early intervention, will do the placement, supervision and reunification”* **[Xola, B3:39-55].**

Only one organisation in the NGO sector (B4) that emulated the government A4 local office, implemented a two layered structure, displaying characteristics of managerialism similar to that of government (Rogowski 2018:73, Hall, Boddy & Chenoweth 2016:28).

The social worker **Tebogo**, in an NGO in case B4, stated:

“I work on the basis of first come first served but prioritise children who are 17 turning 18 years. I try to do these cases first so that they can at least benefit from the system. I also assess the financial situation of the client. Those in dire need of an income will also be considered to be done first” [Tebogo, B4:318-321]. He added: *“At intake we have to complete the assessments quite quickly because we may have twenty clients sitting in the waiting room and we are pressured to work quickly, mostly opening a case, recording what the client says and you open a file. All work is done during the investigations [Tebogo, B4:113-115].*

This was confirmed by **Sizwe**, the supervisor.

However, in the recent years the relationship between government and the NGOs have moved away from client-centred relationships to a more neoliberal dogma where public services are managed by contracts and jurisdictions, with clients often in ignorance of these conditions and formalities (Rogowski 2018:77). Both the government and NGOs managed their space and access through the implementation of eligibility criteria for their services that results in inter-service fragmentation. The inter-service fragmentation and decision-making between government and NGOs is based on the demarcation of areas in some districts or the demarcation of areas and the age of children. These decisions not only display characteristics of neoliberalism and but also of managerialism in the form of funding contracts and monitoring reports that influence the manner organisations interact with each which is devoid of a client-based relationship (Rogowski 2018:74; Dhludhlu & Lombard 2017: 174; Dustin 2006:303). Such developments have transformed the ethos of social work, and social workers’ decision-making capacity around relational based services have been eroded. Hence we have angry citizens that don’t have much trust in social workers that adversely affect the relationship social workers have with their clients and the integrity of their decisions (Ngwenya & Botha 2012:215).

There is more continuity in the decision-making processes of social workers in four of the five NGOs as the client completes the journey of foster care. In the four of the five welfare organisations full compliance at intake is not a requirement for the continuation of services and the placement of the child in foster care.

David, a social worker in an NGO, stated: *“Rendering all the services by one social worker allows for the integration of the services and there is a continuity of services. Also the social worker is not likely to be influenced by one party and advocate for one party at the expense of the other. Different service providers result in fragmentation and the child falling through the cracks in the system. It can also result in the lack of community in responding to the needs of the child. I do feel that most social workers are incompetent and such try to do the minimum that is required”* [David, B3:324-327].

In the NGO the decision-making processes have greater flexibility in that social workers can access immediate financial resources for their clients. In large government organisations human issues can become lost in traffic control, where market outcomes overshadow humanistic support (Hall, Boddy & Chenoweth 2016: 26). Social workers would have to move beyond being competent bureaucratic technicians, towards embracing a broader concept of what is professional, namely an acknowledgement that knowledge and understanding are required to challenge current managerial obstacles and practices for effective decision-making (Rogowski 2018:82) and embody more planning into their occupational professionalism so that they respond more competently to challenges of their professionalism especially in the way their interactions with their clients are structured to enable them to foster relational-based services and effective decision-making. Currently the decisions and decision-making processes follow a routine pattern and process displaying characteristics of a great deal of discretion and at the same time characteristics of managerialism in terms of utilising resources, responding to targets and reporting on statistics for monitoring purposes (Dustin 2006:303). There is a recognition of the importance of how services are structured and in this regard government developed standards C-CP-2, which states that partnerships should include participation by beneficiaries and communities in the delivery of services. One of the goals of this standard is to enhance access to services and not create barriers (DSD [sa] :17).

4.4.5.Theme five: Suggestions from participants on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services

One of the objectives of the study was to ascertain suggestions from social workers and supervisors on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services. In Chapter One, the complexity of decision-making in social work was discussed. Decision-making matrixes can be used in a variety of situations that simplify complex situations and provide a clear way to think through complex decisions (Uluta, Karabasevic, Popovic, Stanujkic, Nguyen & Karaköy 2020:20). A decision-making matrix can help explain and defend the processes and the decisions made. It is also an activity used to analyse and prioritise information (Gay et al 2016:1).

The decision-making environment in foster care is not well documented and is characterised by uncertainty and vagueness, so it is very difficult to correctly express the decision-making criteria through crisp numbers. For the purposes of this study, which is exploratory in nature the decisions will be explored in “soft form” characterising the suggestions by the participants in substantive form rather than in mathematical format. The matrix that will be developed from the findings and the suggestions, will attempt to put all the information in one place so social workers will have a visual layout of their decisions (Enders & Barsoux 2020:1). Sharpe (2014:147) found that social workers in her study in one local authority in Western Midlands, Birmingham were engaged in assessments and complex decision-making and had recommended that social workers be supported by developing a guideline to give direction to their decision-making processes. Taylor (2007:235) concluded in her study on a framework for the assessment of children in need of care and their families in the UK that analytical decision-making theory is always used with intuitive decision-making theory and that intuitive decision-making is always the more dominant form of decision-making in child protection. This finding was also supported by Tupper et al (2017: 62). Satliel (2014: 245) also recommended in his research on decision-making in foster care that social workers will benefit from a clear understanding of different models of decision-making in practice. A Decision Process Matrix [DPM] is a method for visualizing (assessing and mapping) individual decision-making processes. The classical decision-making matrix includes subjective confidences (instead of values)

and all variables (options, cues, and confidences) are displayed in a chronological sequence (Hausmann, Zulian, Battegay & Zimmerli 2016:7)

In analysing the responses of the participants' suggestions two sub-themes emerged. Although there was a great deal of similarity in the responses between both group of participants, the findings in the two sub-themes will be discussed separately. One sub-theme is the participants' suggestions from government and the other is the participants' suggestions from the NGOs on the content of a decision-making matrix to guide the decisions-making processes of social workers. This theme is unique to this study and the researcher could not find much literature on this topic.

4.4.5.1. Sub-theme 5.1. Suggestion of participants' in government on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services

The analyses of the suggestions from this sub-theme resulted in two categories of findings namely social workers' suggestions from government on the content of a decision-making matrix and the other the supervisors' suggestions from government on the content of a decision-making matrix to guide the decisions- making processes of social workers.

4.4.5.1.1. Category 5.1.1. Suggestions from social workers in government on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services

The findings that emerged from the analysis of social workers' responses for suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers included a **list of the types of preventive services that must be rendered in foster care services.**

Helen stated: "Yes, there must be a set of decisions on preventative services that kinship foster placements should be subjected to before court placements like the mother who abandons her child in hospital should be forced to undergo mandatory parenting skills and contraceptive health" [**Helen: A1:370-371**].

In a study by Saraw (2009:199) on an ecological perspective to assessment and treatment in child protection, he states that with respect to prevention in child protection, professionals need to balance the best interest of the child with the task of protecting the public and preventing additional children being in need of alternate care.

Another suggestion was **a quick decision-making tool that would list all the factors that must be considered in a related foster care application**, as expressed by **Boitumelo**:

“Yes. We need quick decision-making tools that would help guide us very quickly making effective decision. For instance, if a grandmother approaches us to have her grandchild in her care because of the lack of visible means of support, then a list the factors that must be considered to guide a decision would be helpful” [Boitumelo, A2:467-470].

There is widespread support in the literature that social workers must be assisted with quick and user friendly processes for decision-making (Tupper et al 2017:91; Sharp 2014:147; Taylor 2007:240).

Anna was of the opinion that the matrix must include **a set of factors to be included in an IDP to monitor the child**:

“We tend to focus on the development of the child based on what we pick up and put in our court report but not a tool with a list of factors to follow up on” [Anna A3:277-278].

A set of indicators can guide social workers in formulating child specific plans (Saltiel 2017:133; Sharp 2014:149; Taylor 2007:224).

Fikile suggested the matrix be **a checklist of requirements and eligibility for foster care**. She stated:

“At intake a checklist type of tool in terms of the types of foster care applications, the requirements or eligibility for each type would be useful” [Fikile A3 118-119]. A checklist like tool is beneficial for quick decision-making in compliance with requirements and procedures (Sharpe 2014:147).

Queen suggested that the decision-making matrix **include all the sections of the Children’s Act 38 of 2005 relevant for foster care services and requirements of these sections for uniform application** to assist in not only making the correct

decisions, but to save time seeking the information and correcting reports with incorrect information.

She suggested: *“If we had a one page guide on how to apply and the requirements we must fulfil in terms of the different sections of the Act, it will be useful and if this can be uniformly adopted for all courts. It will save me so much trying to obtaining the information form colleagues and using incorrect information in the reports”* [Queen, A4:189-192].

Gail, wanted the matrix to **sub- categorise the cases into the different sections of the Children’s Act 38 of 2005 according to time frames:**

“I have a register and have divided my caseload in terms of 159’s, 186’s, 171’s and 176’s and new cases. If the cases can be sub- categories, then we can manage the cases in terms of time frames” [Gail, A5:486-487].

4.4.5.1.2. Category 5.1.2. Suggestions from supervisors in government on the content of a decisions-making matrix to guide the decisions- making processes of social workers rendering foster care services

The following findings emanated from the data analysis.

Ida stated that the matrix should include **the criteria for the placement of children in related care and unrelated care, the intensity of supervision of children abused vs those not abused or neglected, criteria to assess poor families and the decisions social workers should be making at each phase of foster care.**

“We should have a separate set of decisions and responses for children placed with relatives. Even placement with relatives can be categorised and cases’ decisions on services varied. A grandmother may require less intense supervision than a child placed with a distant uncle or aunt. Children with one deceased parent should be treated differently to a child with both deceased parents. Children who are neglected and abused should be serviced differently to an orphan cared for by a relative. We need to have a set of decisions on needs assessment for poor families and a referral source for the various needs to alleviate immediate shocks. There must be a set of decisions for each of the phases or stages in foster care so all risks and areas of dysfunctioning can be assessed and addressed resulting in greater stability in the

placements. It will help if we had a standardised form of decisions for social workers at each stage or phase of the foster care services. It is very important for social workers and supervisors to know what the minimum requirements are for each stage in the foster care service. Developing a tool for decision-making will also assist new social workers and those who perform a different function" [Ida, A1:1389-1413].

Winnie added that she wanted the decisions matrix to include **decisions at each stage and phase of foster care services, what services must be rendered in transfer cases and extension cases**, namely children 18 years and older and reunification services. This is what she had to say:

"It is be very useful, if we can get a guide on what types of services and decisions that should be made at each of the stages of the foster care. I found this interview schedule very useful in getting me to just conceptualise the processes in foster care. I found your questionnaire is useful, especially when you have a new social worker. They don't have an idea of what types of decisions that must be made at the different stages of foster care because they don't have the experience like for example, what does supervision entail, who do I do supervisions for and what sorts of things must I do? Sometimes I focus on the foster parent and leave the child, or I just focus on the foster family and leave the biological family. Children who are 18 years, what is their programme? What is it that I am looking for in children 18 - 21 years in supervision? What must I include in section 176(1) and (2) and again to bring in the issue of groups and to say if I do groups what are the issues that I should be addressing, what are the needs that I should focus on and address? You know when you mention preventative in my mind I am thinking what is this? Then when you explain and ask the sub-questions, I realise that is that and that you understand. In my mind reunification is when I do the reunification order and the child goes to the parents and I am done. I do not think of services that must be rendered for reunification. What does reunification entail? If I refer the case to the social worker, I need to state that these are things you must focus on in reunification. A guide like that will assist us greatly. Tell me are you really going to develop something like that? It will really be useful especially the new people coming into the field" [Winnie, A2:606-630].

Lerato added that **whatever is developed must be quick and user friendly.**

“If a matrix is developed it must be quick, user friendly and add value at the intake level” [Lerato, A3:521-522].

Zara indicated that it will be helpful if the matrix included **a set of norms and standards on the number of contacts with clients and on the child’s well-being.**

“If I had to develop a matrix to enable me to assist social workers make more effective decisions and be on top of my game it will be developing a set of norms and standards for decision-making. Number of visits per client, standards in contracting, outcomes in the IDP, quality of nutrition for children, school uniforms, spaces and conditions for sleeping, school attendance, responses from other Departments.” [Zara, A5:472-480].

Saltiel (2014:147) states that one of the factors that influences decision-making about the well-being of the child is the child’s best interest which must be considered in the context of the poor struggling foster parents who have little to offer the foster child in promoting his or her best interests as theoretically determined. Hence, the matrix developed will have to be context specific.

4.4.5.2. Sub-theme 5.2 Suggestions from participants in NGOs on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services

The analyses of the suggestions from this sub-theme resulted in two categories of findings namely social workers’ suggestions and the supervisors’ suggestions from NGOs on the content of a decision-making matrix to guide the decision-making processes of social workers.

4.4.5.2.1. Category 5.2.1. Suggestions from social workers in NGOs on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services

The findings that emerged from the analysis of the data.

Joyce stated she wanted to feel effective, like she is making the right decisions and felt a matrix could help her.

"We find that we do not feel we are being effective enough as social workers. I am not sure if social workers are making the desired impact. We don't seem to be making any impact on the development of children in foster care" [Joyce, B1:334-337].

Noreen, like Queen in government wanted the matrix to include **a list of the sections on foster care in the Children's Act and the procedures to guide her decision-making.**

"The matrix will assist me if I had a guideline on all the sections that were reviewed by the amendments of the Children's Act. A lot of our work is repetitive and procedural when gathering information for the reports" [Noreen, B2:206-209].

Pamela wanted the matrix to set out **a line frame for the finalising a case within the relevant time frames.** She stated:

"I think a decision matrix will guide me on how to best deal with a case so that must be finalised within 90 days instead of having a case going on for two to three years" [Pamela, B2:499-501].

David stated that the matrix could include **decisions for orphaned, abused and children with special needs.** He claimed:

"You can develop a matrix just for dealing with orphaned children, abused children and children with special needs. A neglected child can be categorised as an abused child. With abandonment there is always the possibility of the parents returning" [David, B3:369-371].

Tebogo wanted the matrix to include **a set of criteria to assess a suitable foster parent.** He suggested:

"The Act is broad it says that the foster parent must be a fit and proper person but how do you determine a person is a fit and proper? Then you will find that we assess foster parents differently because there is no standard criteria for a fit and proper person. [Tebogo, B4:337-339].

Assessment is an element of social work practice and a matrix can guide with factors that must be considered in an assessment without having to restrict the social worker in applying practice wisdom (Saltiel 2014:151; O' Sullivan 2011:91).

Elda, like other social workers also wanted the matrix to include **the decisions at the various phases of foster care service.** She stated:

“I think if there was a matrix that we can use at the various phases of foster care services to help guide our decision-making will be helpful and help track how often we are rendering services or doing home visits to foster parents and to the children” [Elda, B5:384-386].

4.4.5.2.2. Category 5.2.2. Suggestions from supervisors in NGOs on the content of a decision-making matrix to guide the decisions- making processes of social workers rendering foster care services

These findings emerged from the analysis of supervisors responses to suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers.

Unathi stated she want the matrix to include **decisions on the factors that warrant the removal of a child from the biological parents and the preparation for placement.** She said:

“What are the factors that will warrant the removal of a child from both biological parents and an existing placement? The investigation and the placement are guided by the Children’s Act but there is no preparation for the child and the foster parents for the placement or long-term care” [Unathi, B1:455-458].

The placement process is a professional assessment that is guided by social work practice but a set of requirements for the assessment and preparation can be guided by a matrix of decisions (Saltiel 2014:151; O’ Sullivan 2011:91).

Olga also requested **the categorisation of the types of foster care in terms of the different section of the Children’s Act and their time frames for placement.**

“You will have categories of care, decisions on the types of services to be rendered, decisions on the intensity of the services, decisions on the expected outcomes and results and decisions on the monitoring of the results and outcomes” [Olga, B2:314-316].

Crystal, the supervisor for family preservation in one NGO, added that the matrix must include **the criteria to assess a foster parent, how to determine a child in need of**

care and what the Foster Child Grant can be used for and preparation for the foster child to exit the system.

“We need an instrument that will promote uniformity. The matrix must include the criteria for foster care and who is to be screened. Who is eligible to be a foster parent? What age must they be, what income must they have, what should be their educational levels, their health status. Which child is in need of foster care? Simplify the Act, especially in terms of Section 150 of the Act, of which child is in need of foster care, including how to utilise the Foster Care Grant. Maybe have things that the Foster Care Grant cannot be used for. For instance, the foster parent uses the grant to buy furniture for the children, then whose furniture is it, the foster parent or the foster child? It is important for both the foster parent and child to know what the grant can be used for. The whole issue of what happens to the child when the child attains 18 years when they exit the system. An information sheet of the provisions that were changed by the amendments will assist in keeping track of the changes on one sheet” [Crystal, B2:388-403].

Xola made a number of suggestions, stating **what the best interest of the child meant, indicators to monitor the development of the child and serve as a planning tool.** She stated:

“We need a matrix to unpack Section 7 of the Children’s Act, in terms of the best interest of the child for uniformity across the sector. This will assist the social workers to monitor the child’s developmental goals or outcomes over a period of time. Will the placement be too permissive? A matrix that combines developmental outcomes with the planning will assist you in capturing the developmental baseline and putting the developmental milestones over a period of time will result in a good planning tool because you will know what to do and when it must be done” [Xola, B3:587-601].

A study by Sharpe (2014:95) in one local authority in West Midlands in Birmingham, UK found that social workers in their decision-making processes in the best interest of the child, interviewed all siblings as individuals with respect to their placement to avoid the detrimental impact of separation.

Sizwe mentioned that it will be useful if the matrix addresses **the interpersonal conflict that arises from the Foster Child Grant after the placement.** He stated: *“There are a lot of family discord issues that arise when the foster family starts to*

receive the foster child grant. We have very limited resources to address the interpersonal issues and tend to focus more on ensuring that the family has that additional income to meet their basic needs” [Sizwe, B4:377-380].

Sharpe (2014:111) in her study in the UK found that the involvement of the child’s extended family members were not considered as important by social workers on the placement of the children in foster care. A similar finding emerged in this study.

Tanya shared that a gap in her service is **decision-making in preventive services**. Social workers often don’t know what services to render during prevention. She explained:

“One thing I picked up is that we don’t have a decision-making guide for preventive services to pick up precisely what the client is in need of. As a social worker we often assume what the client needs but it will be nice to have a tool to precisely assess the needs of the client” [Tanya, B5:399-401].

There was general consensus with all the participants that there was a need for a matrix or an instrument to guide their decision-making processes in rendering foster care services. Similarly a need for a decision-making instrument to guide the decision-making processes of social workers rendering foster care was identified by other researchers (Tupper et al 2017: 62; Sharpe 2014:147; Taylor 2007: 224). The suggestions made by both social workers and supervisors in both government and NGOs were almost the same, which on reflection confirms the common challenges that they experienced in decision-making when rendering foster care services.

4.5. CHAPTER SUMMARY

This chapter covers five themes namely the findings in respect of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made during the assessment, placement and supervision phases of foster care services; other factors that influenced decisions in foster care services and the last theme refers to social workers and supervisors’ suggestions on what should be included in a decision-making matrix to guide social workers rendering foster-care services. Theme one to four responds to the first research question, while the last theme speaks to the development of a decisions matrix to guide social workers in

decision-making. Throughout the findings reference was made findings obtained from social workers and supervisors rendering foster care services and in some instances to the case file analysis, in government and NGOs.

CHAPTER 5: SUMMARIES, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

In Chapter One, the researcher set out the rationale for embarking on this study. She has been working in the South African social sector for several years and while there are long-standing challenges with foster care services, most of her social work colleagues felt very disillusioned about their decision-making processes in social work practice in general and foster care services in particular, feeling like they were following procedures and dispensing common sense advice to clients without seeing the value add of their interventions. There were feelings of failing, the failure to do things differently and derive gratification about making a difference in children's lives. The government was overwhelmed by the large numbers of foster care orders that had expired resulting from social workers not rendering supervision services in foster care (Mampane & Ross 2017:11; Boning & Ferreira 2013:537; SASSA 2010:3-5). This threatened the termination of Foster Child Grants, the only livelihood to thousands of orphaned and abandoned children in South Africa (SASSA 2010:1). The government appointed a Ministerial Committee on Foster Care in 2010 (DSD 2015:4-7) to resolve the challenges in foster care services. Despite the development and implementation of a national project plan in 2011, the intervention of the South Gauteng High Court was sought in 2011 to stay the lapsing of the foster care court orders. The South Gauteng High Court had extended its order four times since from 2011 until 2021 (Department of Justice 2019: Court Order 72513/2017).

In conducting the literature review the researcher found a lot of literature on the capacitation challenges experienced by social workers in rendering foster care services but a dearth of information on the factors that influenced the decision-making processes of social workers rendering foster care services. There have been studies on the decision-making of officials at the Department of Home Affairs, nurses and doctors as frontline workers but none on social workers rendering foster care services in South Africa (Kelly 2016:22). There were a few international studies on this topic with researchers recommending more research in this area (Saltiel 2014:246; Hackett & Taylor 2014:2182-2199; Zuravin & DePanfilis 1997:34).

The research questions for this study were developed from an extensive literature review, gaps in previous research and, most importantly, a work-related need identified with respect to the challenges in current foster care services (Doody & Bailey 2016:19-20; Matthew & Ross 2010: 57).

The goals of this study were:

- To develop an in-depth understanding of factors that influence the decision-making processes of social workers during assessment, placement and supervision, in rendering foster care services.
- To develop a decision-making matrix to guide the decision-making processes of social workers rendering foster care services.

In the following paragraphs the researcher will capture the summaries and conclusions, present the developed decision-making matrix to guide the decision-making process of social workers rendering foster care services, discuss the limitations of the study and provide recommendations for practice, social policy development, professional development of social workers, and future research.

5.2. SUMMARY AND CONCLUSIONS

The researcher will set out the summary and conclusions of the study in relation to the overview of the study covered in Chapter One; the literature review discussed in Chapter Two; the qualitative research process included in Chapter Three as well as the findings of the research in terms of the themes, covered in Chapter Four.

5.2.1. Summary and conclusions on the overview of the study

In Chapter One, the challenges confronting social workers rendering foster care services were briefly discussed in the introduction. Social work as a profession began evolving in the recent years, becoming more complex, firstly with the increasing complexity of social issues, and secondly, with the expanding interest to make the profession more scientific, with more objective methods to introduce greater assurances in social work decision-making processes and minimise errors (Wulczyn et al 2020:5; Mattison 2000:201). The protection of children is both an international

and a South African human rights issue (UNICEF 1999: article1-36; South Africa 1996: section 28). The demand for foster care is driven by poverty and the “disease burden” of HIV/AIDS, and more recently Covid-19 (StatsSA 2020:3; Drah 2016 4-6, Hearle & Ruwanpura 2009:427-428). Foster care services is the largest child protection programme in South Africa and possibly internationally because it is the only programme that provides income support for related or kinship foster care (SASSA 2019:3). Foster care services in most developed countries are unrelated paid care for abused and neglected children. Both the UK and USA only provide paid care for unrelated foster care (Vanderfaellie et al 2016:363; Font 2014:2077).

The research questions and the goals of the study were discussed in Chapter One, developed from an extensive literature review (Doody & Bailey 2016:19-20; Matthew & Ross 2010:57). The research questions in this study were:

- What are the factors that influence the decision-making processes of social workers’ during assessment, placement and supervision, in rendering foster care services?
- What should the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services be?

Both the research questions were answered by the themes in Chapter Four. The challenges that have historically confronted social workers continue to prevail, possibly to a lesser extent than previously, given the capacitation in terms of human resources, however, new issues and challenges arise which will be discussed under the summary of findings in paragraph 5.4 (Boning & Ferreira 2013:538, Ngwenya & Botha 2012: 211; Chipungu & Bent- Goodley 2004:77). The suggestions for inclusion in the decision-making matrix by the participants were several and wide in scope and the matrix developed had to be flexible to include most of the identified needs.

TABLE 5.1: CONFIRMATION on the ACHIEVEMENT OF THE RESEARCH GOALS and RESEARCH QUESTIONS

Research Questions	Research Goals	Confirmation on the Achievement of the Goals
What are the factors that influence the decision-making processes of social workers' during assessment, placement and supervision, in rendering foster care services?	To develop an in-depth understanding of factors that influence the decision-making processes of social workers during assessment, placement and supervision, in rendering foster care services	This goal was achieved in Chapter Four by the analysis and recording of the findings from Themes One, Two and Three namely: participants' descriptions of the decisions-making processes, the decisions made, the factors influencing decisions-making and the nature of decisions made by social workers during the assessment (intake, prevention and early intervention, and investigation stages), placement and supervision phases of foster care services in government and NGOs, as well as Theme Four, participants' descriptions of other factors that influence decisions in foster care services.
What should the content be of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services?	To develop a decision-making matrix to guide the decision-making processes of social workers rendering foster care services.	This goal was achieved by obtaining the suggestions of the participants in both government and NGOs on the content of the decision-making matrix in Theme Five: Participants' (social workers' and supervisors') suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers. A decision-making matrix was developed and included in the recommendations.

TABLE 5.2: CONFIRMATION of the ACHIEVEMENT of the OBJECTIVES of the STUDY

Research Objectives	Confirmation on the Achievement of the Objectives
To explore and describe the decision-making processes of social workers during assessment, placement and supervision, in rendering foster care services	In Chapter Four the participants' description of their decision-making processes during each phase and stage of rendering foster care services in both government and NGOs was explored through interviews and case file analysis, recorded, analysed and the findings reported.
To explore and describe factors influencing the decisions made by social workers during assessment, placement and supervision, in rendering foster care services.	In Chapter Four the participants' description of all the factors that influence their decisions-making processes in rendering foster care services in both government and NGOs was explored through interviews and case file analysis, recorded, analysed and findings reported in theme one and two.
To ascertain suggestions from social workers and supervisors on the content of a decision-making matrix that should guide the decisions-making processes of social workers rendering foster care services	In Chapter Four the participants' suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers rendering foster care services in both government and NGOs was obtained through interviews and the findings analysed in Theme Five namely participants' suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers.
To develop a decision-making matrix that should guide the decisions-making processes of social workers rendering foster care services	The suggestions from participants in both government and NGOs were recorded, compared across social workers and supervisors, the suggestions identified for relevance to the phases of foster care and then developed into a decision-making matrix and presented under Recommendations in this chapter.

Chapter One also set out the research methodology for the study. With the dearth of literature on this study area, choosing the research methodology, namely a qualitative approach and a collective-case study design with purposive sampling had to be carefully considered to maximise the scope and depth of the data collection (Swaminathan & Mulvihill 2017:20; Yin 2016:138; Mutinta 2013:2). The Chapter concluded with a conceptual framework for the study, which is discussed in the next paragraph, as well as the ethical considerations and the clarification of concepts.

5.2.2. Summary and conclusions on the literature review

The literature review for this study was extensive and covered several areas namely:

- Decision-making processes in general
- Decision-making theories in social work
 - Intuitive theory
 - Analytical theory
 - Mixed theory
- Street level bureaucracy and the decision-making processes of frontline workers
- Framing of decisions and the decisions matrix
- Historical overview of foster care
- Situational analysis of foster care in South Africa
- Types of foster care
- Phases in rendering foster care (Assessment, Placement and Supervision)
- Factors influencing decision-making in foster care
- Reflection and supervision of social workers in foster care services

The information was obtained from books and articles from the Unisa library, e-books, internet sources and the research repositories of various research bodies such as ResearchGate. Some of the literature sources were as recent as 2020, others fairly recent and some older. Any source up until 2009 was considered older. The researcher

used data sources older than 2009 when she could not source more recent literature on the topic. The social work decision-making theories focused on three theories namely the intuitive, analytical and the mixed theories (Graham et al 2015: 8; O'Sullivan 2011:9; Munro 2008: 3). Both intuitive and analytical decision-making theories have both advantages and disadvantages. The mixed theory also referred to as practice wisdom, includes both intuitive and analytical decision-making theories and advocated to be the better theory for decision-making (Kirkman & Melrose 2014: 61; O'Sullivan 2011:125). It enables unbiased, fair and reliable decision-making (O'Sullivan 2011:130).

In this study, knowledge on the nature of the decision-making processes of social workers was gathered through collective case studies of decision-making processes by participants namely social workers and their supervisors from government (DSD) and NGOs, through interviews and case file analysis. The review of literature assisted the researcher to develop the conceptual framework for the study, frame the research methodology, develop the data collection instruments and map the deductive and inductive processes for data analysis.

The following conclusions on the study were derived from the literature review.

- Social workers' decision-making processes are based on skilled intuition despite the availability of analytical tools for empirical assessments. Skilled intuition is defined as decisions made on professional knowledge, prior experience and training which is also referred to as tacit knowledge (Tupper et al 2017: 86; Kirkman & Melrose 2014: 25; O'Sullivan 2011:90).
- Errors can be made if intuitive and analytical decision-making theories are used in isolation of each other but errors can be minimised when intuitive theory is used in combination with analytical theory (Tupper et al 2017:91; Kirkman & Melrose 2014:19; O' Sullivan 2011:90).
- There is no blueprint on the correct mix of intuitive theory with analytical theory but analytical decision-making theory should inform and confirm skilled intuition (Tupper et al 2017: 10; O' Sullivan 2011:92).
- Unrelated foster care placements are considered low risk decision-making options because the children are already placed with their extended family by a biological parent, therefore skilled intuition is used by social workers for

decision-making because they are merely legalising an existing placement (Hearle & Ruwanpura 2009:426; Nyasani, Sterberg & Smith 2009:184).

- In South Africa there are three types of foster care namely unrelated foster care which is the predominant type, related foster care implemented in rare cases and the cluster foster care scheme that is relatively new and few but could increase in popularity with time (SASSA 2020:1-3; Hegar & Scannapieco 1999:17).

5.3. SUMMARY AND CONCLUSIONS ON THE DESCRIPTION OF THE APPLIED QUALITATIVE RESEARCH PROCESS

Chapter Three provided a detailed discussion of how the research methodology conceptualised in Chapter One was executed to answer the research questions and build trustworthiness in the research processes and findings (Mason 2018:15; Gentles et al 2015:1773). The research methodology was informed by ontology or how we perceived reality and epistemology, our belief in how knowledge should be generated (Mason 2018:4-8; Wahyuni 2012:69).

The researcher adopted the qualitative approach for this study because the study was a relatively unexplored research domain and a highly sensitive topic (Cresswell & Poth 2018:9-21; Silverman 2017:7-11; Hennink, Hutter & Bailey 2011:17; Bryman 1998:61).

The study sought to answer the “what” and “how” research questions and qualitative research is most suited to these questions. Another important reason for using the qualitative approach was its flexibility and adaptability to the context of the research setting. In one case the participants refused to participate in the study because of unknown reasons and these participants could be replaced with another set of participants that met the criteria for inclusion in the sample (Cresswell & Poth 2018:9-21; Mason 2018:220). The unit of analysis was decision-making by social workers in the real world contextual conditions and therefore the qualitative approach was appropriate (Yin 2016:9). The study focused on different contexts, namely government services, NGOs, districts, societal, organisational, policy, professional, inter-professional, and legal and the information was fundamentally interpretative (Cresswell & Poth 2018:9-21; O’ Sullivan 2011:19-32).

Research designs are logical blueprints linking the research questions, the data to be collected and the strategies that will be used to analyse the data so that the findings address the research questions (Yin 2016: 83). The research participants, the methods of data collection and data analysis form the elements of the research design. Research designs are developed to answer the research questions in the most relevant and economical way (Marshall & Rossman 2016:103; Terre Blanche, Durrheim & Painter 2014:29). The collective case study design was used in this study. Yin (2014:6-9) stated that the case study design is most appropriate to answer “what” and “how” questions. It offers a rich description of the case under study. The collective case study design allowed the researcher to identify patterns and themes, and compare these across cases enabling the transferability of the case findings. The use of different sites and different data collection processes increased the trustworthiness of the findings (Yin 2012:5). The collective case study design allowed analytical conclusions to arise independently from more than one case. In this study the collective case study allowed for the understanding of the factors that influenced decisions-making in multiple sites in different contexts and locations (Stake 2006:12; Harling 2002:2).

An analysis of the administrative database on the Foster Child Grants showed that the Gauteng Province had the second highest placements of foster children in the country, just a few cases lower than the Eastern Cape (South African Social Security Agency (SASSA 2018:1). Hence this province was selected because of the relatively high demand for foster care as well as being cost effective for the researcher as she lived and worked in this province. The population for this study, was identified as the social workers and their supervisors both in the government and NGOs who rendered foster care services in Gauteng. With this choice of population contrasts the researcher anticipated access to all types of social workers and supervisors in the most diverse contexts of practice in the government and NGOs.

The researcher chose purposive sampling, developing a set of criteria for the social workers and supervisors that will be selected into the sample to enable the widest scope of data inclusion. The criteria were developed to purposely inform an understanding of the research problem, are central to the phenomenon in the study and were information rich sources. A case file also had to be selected purposefully by the participating social worker and supervisor for analysis of the social workers

decision-making processes. The data was thus obtained from multiple sources, namely case files, social workers and their supervisors within their work environments. The researcher used multiple data collection methods, namely a guided record analysis and semi-structured interviews, triangulating the data sources and collection methods for trustworthiness (Anney 2014:276). Complex issues had to be broken down into simpler more easily understood elements, namely the phases of foster care, decisions at each phase, factors influencing decisions and the nature of decision-making (Cresswell & Poth 2018:21; Gentles et al 2015:1775 Matthew & Ross 2010:143).

The researcher developed a case file decision-making analysis guide and the semi-structured interview schedules for the social workers and supervisors from the literature review. After the ethical clearance from the university and permission obtained from DSD and the NGOs the data collection instruments were piloted at one NGO. The instruments were revised and re-piloted in government. A change was made to a question sequence and then approval was given by the research supervisor to commence with data collection.

The sample was selected by managers in government and the directors of NGOs in accordance with the sampling criteria. The sampling process initially commenced with one social worker and their supervisor being purposively selected from one local office in one of the five districts of DSD and the same from a NGO in the same district as the government office. The sample would be expanded to the next district until data saturation was achieved. Data saturation was managed by the researcher by comparing the data collected in a matrix form from one case to the next until all the cases were compared and no new information emerged from the data collection process. The sample consisted of 26 participants, seven social workers and five supervisors in government and eight social workers and six supervisors in NGOs.

Before reading the case files and commencing with the interviews, the researcher ensured that all protocols for ethical consideration were completed (Swaminathan & Mulvihill 2017:43-44; Magnusson & Marecek 2015:49-51). The researcher conducted the case file analysis and interviews, collecting the data personally, hence issues with the interpretation of the data was avoided creating internal consistency (Lincoln & Guba 2000:163-188). The data from the case files were collected manually and transcribed into word documents. The interviews were audio recorded and transcribed

into word documents by an independent transcriber, and quality checked for accuracy by the researcher for credibility in the process. The data was coded and analysed by an independent coder. The researcher also completed her own analysis of the data using both the top down deductive analysis and the bottom up inductive analysis (Anney 2014:276). Both sets of data analysis was then compared for conformity and credibility of the research findings (Marshall & Rossman 2016:214; Anney 2014:277; Hancock & Algozzine 2011:67). The supervisor also quality checked both sets of data analysis thus creating trustworthiness in the data analysis (Yin 2016:184-218). The study is a multiple case study that enables the transferability of the findings to cases with similar characteristics.

The foregoing summary of the qualitative research process enabled the researcher to draw the following conclusions of the process:

- The study is scientific in that it met the principles of trustworthiness namely credibility, transferability, dependability and confirmability which are discussed in detail in Chapter Three.
- The ethical considerations in securing the consent of the organisations, the respective managers, participants, clients and foster children in both government and NGOs which was of paramount importance to the study was undertaken verbally and in writing before the commencement of the study. Assurances of the privacy of participants and the confidentiality of the information was provided in writing to the organisations, government, the line managers, participants, clients and foster children before the interviews and case file analysis.
- The study was conducted in honesty, integrity, transparency and respect for the dignity and rights of the participants to choose to participate or not participate in the study without prejudice. All participants were given access to debriefing but declined not having a need for the support.

In the next paragraph the summary and conclusions of the research findings will be discussed.

5.4. SUMMARY AND CONCLUSIONS ON THE RESEARCH FINDINGS DISCUSSED BY THEMES IN RESPONSE TO THE RESEARCH QUESTIONS

The following paragraphs provide the summaries and conclusions with respect to the research findings in answering the research questions.

5.4.1. Summary and conclusions regarding the description of the participants

In Chapter Four the researcher commenced with the description of the participants in the study. There were seven social workers in government and eight in the NGOs. There were five supervisors in government and six in the NGOs. Two offices in government had an additional intake social worker in the value chain. In the NGOs, two organisations had additional social workers in the decision-making value chain. One organisation had an additional intake social worker and the other, three additional social workers, one for intake, another for supervision and the third one for reunification services. This organisation also had two supervisors, one for family preservation and the other for foster care supervision and reunification services. It did not matter how many social workers there were part of the decision-making, there was just one case file per case and all the social workers involved in the decision-making regarding the chosen case file were interviewed.

The demographic composition of the social workers were six female and one male in government and six females and two males in the NGOs. There were five female supervisors in government and five female and one male supervisor in the NGOs. Most participants had between 2 to 31 years' experience in social work and similar experience in foster care services except for one supervisor who had more than five years' experience as a social worker but only four months' experience as a supervisor. She was the only supervisor in the organisation and the only person of Indian origin in the sample. The racial composition of the social workers in government were all African and the supervisors were four African and one White. Amongst the NGOs six social workers were African and two were White, one male and one female, respectively, three supervisors were African, one White, one Coloured and one Indian. Most social

workers and supervisors had the same qualifications except for one social worker in a NGO and one supervisor in government who had a Master's degree.

Conclusions drawn from the participants' demographics are:

- More female than male social workers and supervisors are employed (22 female and four male).
- There is a high representation of African females (81%) in foster care services, 12% white, 4% Coloured and Indian, respectively.
- The NGOs had a more diverse composition of social workers and supervisors.

The following paragraphs cover the summary and conclusions on each theme in answering the research questions. Theme One, Two, Three and Four answered the first research question, namely: *What are the factors that influence the decision-making processes of social workers' during assessment, placement and supervision, in rendering foster care services?*

5.4.2. Theme One: Participants' descriptions of the decisions-making processes, the decisions made, the factors influencing decisions-making and the nature of decisions-made by social workers during the assessment (intake, prevention and early intervention, and investigation stages) phases of foster care services

In analysing the abovementioned theme, three sub-themes emerged. A summary and conclusions of the findings will be presented for each of the three sub-themes. The assessment phase of foster care comprises of three stages namely the intake, the prevention and early intervention, as well as the investigation stage. For the purposes of this discussion it will be presented as sub-themes because it is performed as distinct decisions-making processes. The assessment phase is the most critical phase in foster care services that informs the decisions that must be made in respect of the child's best interest, safety, care and protection (Brown 2014:33; Ney, Stoltz & Maloney 2013:186; Milner & O'Bryan 2009:4; Beckett 2007:170). The participants in both government and NGOs followed the same processes and procedures and had to comply with the same requirements for the rendering of foster care services.

5.4.2.1 Sub-theme One: Descriptions of the decisions-making processes, the decisions made, the factors influencing decisions-making and the nature of decisions made by social workers during the intake stage of foster care services

Intake is described as an initial examination of both a client and their situation (Alex 2018:1; Glasson 1965:1). This occurs at many levels from intuition based on what the client says to an analytical assessment. It can also take the form of a careful evaluation of a client's economic background to determine eligibility of a family for foster care. The decision-making processes is defined as the steps taken to make a choice amongst competing alternative options with an awareness of the risks associated with each option and that all attributes of the choice are considered in an integrated manner (Zio & Pedroni 2012:1; Lunenberg 2010:1).

The steps social workers took during intake to make their decisions were to collect the relevant information on the application for foster care such as the identity documents of the child, foster parents and biological parents. This process was conducted largely through office interviews. There were no empirical assessments done for applications for the foster care in government despite there being norms and standards for the assessment of children (DSD [sa]:58). Only two NGOs reportedly conducted analytical assessments for the children and the family and developed treatment plans from the assessments. There were no multi-disciplinary or multi-professional assessments of cases in both government and NGOs. However, there were tools provided for social workers to conduct risk and safety assessments for all children in need of care and protection (SASSA, DSD & UNICEF 2012:10). In the case of abuse and neglect, securing a medical assessment of the child and a social work forensic report are mandatory requirements for the court inquiry but it did not constitute joint multi-professional decision-making. The decisions made during intake were primarily to determine a child in need of care and protection, open a case file and refer the case for investigation (South Africa 2006: section 150). In the case of abuse, severe neglect and abandonment a decision had to be made to move the child to TSC with or without a court order (South Africa 2006: section 151&152). The factors that influenced the social workers decision-making at intake were the exclusive reliance on the information provided by the referral source or the potential foster parent; the preliminary assessment of the potential foster parent as being without visible means of support for

the child or children; to protect old grandparents against abuse by their drug dependent biological children who threaten the safety and security of the grandchildren to solicit money, as well as the urgency of the case.

The foster care applications that were considered urgent were those where families were destitute, children were turning 18 years, and the cases of abuse, neglect and abandonment. The values of the social workers also influenced decisions-making at intake (O'Sullivan 2011:21; Collins & Daly 2011:9). Of the participants 42.8% described the nature of their decisions as intuitive and 42.8% as mixed, while 15% identified them as analytical. There was evidence of only one case file that the social worker used the mixed theory for decision-making. The social workers who described the nature of their decision-making as analytical and mixed, based their response on the use of the procedures of the Children's Act and not the use of any analytical tools.

The conclusions that the researcher draws from these findings on the intake stage are as follows:

- Intake is a pre-screening process to determine if the child is in need of care and protection.
- To determine the eligibility of the potential foster parent.
- To collect the relevant documentation for compliance with respect to court requirements.
- Prioritising decisions for services are based on the sources of referral, urgency of the case and the values of the social worker.
- The decisions during intake are to remove a child or children to TSC as early intervention in reports of abuse or to refer applications for foster care for investigation.
- The nature of decisions is predominantly skilled intuitive and in one case it was mixed.

In the following paragraph the findings on sub-theme two on prevention and early intervention, still a component of assessment, are summarised and the conclusions outlined.

5.4.2.2 Sub-theme Two: Descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions made by social workers during the prevention and early intervention stage of foster care services

Preventative services are defined as outreach and awareness campaigns to promote the foster care programme and raise awareness within communities of the options that are available to care for and protect vulnerable children (DSD 2009:22). Early intervention is the process of strengthening weak and dysfunctional families with resources and services without having to remove the child/ren and place them in alternate care (DSD 2009:22).

In the decision-making processes during prevention and early intervention there was no evidence of social workers using tools like community or client surveys and national surveys to assess community needs. The social work supervisors indicated that they used case file information and intake statistics to plan prevention programmes. The same information was used to determine the need for group work. Social workers encountered serious challenges with the implementation of group work. When the sessions were held in the community, the response was poor resulting in the loss of financial resources in terms of the time the social worker spent waiting for the participants, transport, venue and catering costs. The group work sessions were then moved to the social worker's office and still the attendance was poor because of financial cost for transport, client's work and school commitments. Social workers enlisted the services of other service providers and government departments for community educational and awareness programmes. The community intervention programmes were mainly promotional, educational and awareness creation. The early intervention programmes were office-based interviews, the awards of social relief and referrals for other services. The decisions made during prevention and early intervention were to keep the child in the family with support services or remove the child to TSC to remove the immediate risk of further harm and injury. The factors that influenced decision-making during prevention and early intervention were unwillingness of parents to cooperate in rehabilitating themselves, to stop harming their children or allowing their children to be moved to TSC, poverty and illnesses. The communities with high demand for foster care were poor communities with potential

foster parents lacking the financial means of support to care for orphan and abandoned children. There was also a high “disease burden” in these communities. There was political interference in the work of social workers with politicians prescribing to social workers the types of interventions they should render to their constituents and pressurising social workers to resolve any and all the problems that communities experience. Of the participants, 50% reported that the nature of their decisions to be intuitive, 40% said it was mixed and 10% analytical.

The conclusions that emanate from the findings in this sub-theme are:

- Prevention is implemented in the form of promotion, education and community awareness of foster care services.
- Early intervention is rendered in the form of social relief, referrals for other services, maintaining the child in the family or removal to TSC.
- There are no analytical tools used to assess community needs or individual needs for group work during prevention and early intervention.
- There are no multi-discipline or multi-professional services during prevention and early intervention for assessments and case management.

The summary and conclusions on the findings that emerged from sub-theme three are discussed in the following paragraph.

5.4.2.3 Sub-theme Three: Descriptions of the decisions-making processes, the decisions made, the factors influencing decisions-making and the nature of decisions made by social workers during the investigation stage of foster care services

The investigation stage of the assessment phase of foster care services is described as the process where the social worker undertakes an examination of the developmental and psycho-social circumstances of all parties concerned with the foster care application or placement (DSD 2009:35). The purpose of this stage is to gather evidence as to why the child should be found in need of care in terms of the Children’s Act 38 of 2005 (South Africa 2006: section 150) and why the potential foster parent is the best placement for child or children (DSD 2009: 35). The decision-making processes of the social worker during the investigations stage were to visit the home

where the potential foster parents reside to confirm their financial status and assess the living circumstances for the child or children (Saltiel 2014:247). The social worker also visited the school or obtained reports electronically to determine the child's or children's performance at school. The data gathering process occurred during home visits, through observations and interviews and if the social worker did not get all the information, then office and telephonic interviews were conducted because the foster parent and child felt more comfortable communicating with the social workers away from other family members.

Similar to intake, there was no evidence of any assessment tools used to assess the risk, the developmental needs, bio psycho-social assessment of the child or safety needs of the child. There was just one social worker who was also a psychologist in an NGO that did a psycho-social assessment of the child and the family and developed an intervention plan from the assessment. Apart from the reports of other professionals that would be required by the presiding officer of the Children's Court and, in terms of the protocol for abused children, there was no evidence of multi-professional or multi-disciplinary case planning in any of the cases.

The decisions that were made during the investigation stage were confirmation that the child was in need of care and protection; the screening of the potential foster parent and the collection of the relevant documents. One of the factors that influenced the decision-making processes during the investigation stage was the reliance the social worker placed on the information provided by the potential foster parent and child (Ross et al 2008:38). Social workers placed young children in the care of very old foster parents and these placements became problematic with adolescents becoming abusive to their grandparents (Mnisi & Botha 2015:235; Nyasani, Sterberg & Smith 2009:186; Hearle & Ruwanpura 2009:181). Social workers also stated that children were coached or influenced into saying positive things about the foster placement to influence the social workers decisions (Nyasani et al 2009:84; Ross et al 2008:9). Some social workers stated that insufficient risk assessment at intake affected their investigations when they discovered that the information provided by the potential foster parent was neither complete nor truthful (Moore et al 2016:125; Ross et al 2008:92). During investigations, the social worker must also ensure compliance with all the documentation required by the court. Some potential foster parents complied quickly while others did not because of the costs and time as they must go from one

department to another (Sibanda & Lombard 2015:340; Ngwenya & Botha 2012:215). Of the participants, 75% reported that the nature of their decisions were mixed, and 25% stated it was analytical. The reasons stated for the decisions being analytical were because of the collection of information from more than one source and the reliance on the procedures of the Children's Act for decision-making.

The conclusions that emerged from the findings on the investigation stage of the assessment phase are:

- The investigation phase is to confirm that the home circumstances of the potential foster parent are conducive for the child or children.
- To verify the financial circumstances of the potential foster parent and information about the biological parents of the child.
- To obtain information from more than one source that placement of the child with the potential foster parent is in the best interest of the child.
- To obtain the consent of the child or children for the placement.
- To gather information on the child's academic performance at school.
- The decision-making processes are based on skilled intuition because there was no evidence that social workers were assisted by tools and systems in obtaining empirical evidence to inform their decision-making.
- There was no evidence of multi-professional or multi-disciplinary case planning in any of the cases, except obtaining reports from other professionals.

In the next paragraph a summary of the findings and conclusions on the placement phase of foster care services in government and NGOs is discussed.

5.4.3 Theme Two: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions-made by social workers during the placement phase of foster care services

Placement decisions are a decision-making process about the placement of a child in foster care or such alternate care as the presiding officer deems appropriate for the child (Epstein et al 2015: 225). Zeijlmans et al (2018:458) describe placement in foster

care as placing the child with the best possible foster parent through a process of matching the child with the potential foster parent. The decision-making processes of social workers during the placement phase in foster care services were the submission of the social worker's report, the foster parents' screening report, with all the required documentation to court, at least 90 days before a date for the inquiry (South Africa 2006:155) and the preparation of the child and the foster parents for the court inquiry. In most cases the child was already in the care of the potential foster parent and therefore, there was no need for placement preparation. However, just before the commencement of the inquiry, the social worker informed the potential foster parent and child about the contents of their report to the court.

During the placement phase of foster care services, no assessment tools were used and the only professionals involved in the decision-making processes were the presiding officer, the social worker and legal representative for the child, if the child requested one. The potential foster parent and the biological parents could also have requested legal representation in court, if they desired. The decisions made during the placement phase of foster care services were approval of the recommendations of the social worker to place the child in related or unrelated foster care with the award of a Foster Child Grant and to assist the foster parents to apply for the grant (Mampane & Ross 2017:3; Boning & Ferreira 2013:526; Hearle and Ruwanpura 2009:527).

The factors that influenced the social workers to place a child with the potential foster parent were the willingness of the potential foster parent to care for the child; prior experience and suitability of the foster parent, which was not assessed in the case of related placements but was a factor in unrelated placements (Zeijlmans et al 2018:460; Nyasani et al 2009:184; Ross et al 2008:39). The variation in the interpretation of the Children's Act between presiding officers, and presiding officers and social workers resulted in delays in the finalisation of court inquiries (Sibanda & Lombard 2017:340; Boning & Ferreira 2013:540; Ngwenya & Botha 2012:215). The nature of decision-making reported by participants was 60% mixed, 30% analytical and 10% intuitive. The conclusions that emerged from the findings in this theme are:

- Placement is about the court processes in respect of the placement of the child in foster care.
- The decision-making in the placement of the child is a legal process.

- In view of the process being legal, the law is subjected to interpretation by the decision-maker, thus the process can be frustrating for social workers, the potential foster parent and child, if the presiding officer's interpretation of the law differs from that of the social worker.
- There were no matching assessments or empirical evidence to guide the decision-making processes of the social worker on the matching of the foster child with the foster parent.
- The nature of decisions by social workers are intuitive, despite the majority of the participants reporting the nature of their decision-making being mixed because the social workers' decisions were based on professional knowledge, experience, training and procedures in terms of the Children's Act.

In the next paragraph a summary of the findings and conclusions on the supervision phase of foster care services in government and NGOs is discussed.

5.4.4. Theme Three: Participants' descriptions of the decision-making processes, the decisions made, the factors influencing decision-making and the nature of decisions-made by social workers during the supervision phase of foster care services

The Guidelines for the Effective Management of Foster Care in South Africa state that "supervision and after care services refer to the support and therapeutic services provided to the foster family, biological parents, family of origin and the child after statutory placement" (DSD 2009:43). It should include a range of activities such as the implementation of a case management or an intervention plan for the child and the biological family, a support plan for the foster parents and monitoring of the foster care placement, management of the extension orders, transfer and discharge orders, reunification of the child with family of origin and preparation for independent living. Supervision also includes monitoring the well-being and the needs of the child, enhancing, empowering and supporting the foster family and the foster child, which are the key activities of the social worker during supervision of foster care (Brown, Sebba & Luke 2014:7).

There are assessment tools available to social workers during supervision phase of foster care services for the assessment of risk and safety of the child but most social workers did not undertake assessments during transfer of children from one foster parent to another. There are no placement matching tools or assessment criteria to match the foster child with the foster parents during transfer of placements. The matching of children with new foster parents is also relevant during the supervision phase (Graham et al 2015:1). There are norms and standards for assessments and multi-professional and multi-disciplinary assessments and assessments tools that should be used when children are transferred into new foster care placements but however no assessments were done during supervisions (DSD [sa:] 58). There was no evidence, as in the other stages and phases of foster care, of multi-disciplinary and multi-professional decision-making. One case in government did use an in-house panel comprising of social workers to assess the discharge of children and extension of placements. The decisions that were made during supervision included extensions of existing court orders before the expiry date. The extension of an expiring court order requires a full Children's Court inquiry and social workers must comply with the same requirements as a new inquiry (South Africa 2006: section 159 &186). In cases where there were missing orders, the presiding officer would not extend the orders but requested that a new inquiry must be opened and a new set of records developed for completeness. If there was missing information on the file such as the lack of documents on the biological parents of the child, social workers preferred to lapse these cases and reopen an inquiry with new documents because the time required to collect the missing document would result in the order expiring. During supervision social workers would transfer children from one foster parent to another, or from a foster parent to an institution or from an institution into foster care (South Africa 2006: section 171). There were foster children continuing with education and training after they attained the age of 18 years and their placement order was extended during their education and training or until 21 years (South Africa 2006: section 176).

One of the factors that influenced decision-making during the supervision phase of foster care services was the non-disclosure of information by relatives or the foster parents, for example the non-disclosure about the whereabouts of the biological fathers and mothers of the children (Ngwenya & Botha 2012:215). The child's contact with biological parents was a problem for the foster parents. In some cases the social

workers also preferred the children not having contact with their biological parents; in other cases the biological parents left the responsibility of their children to other individuals (Ngwenya & Botha 2012:215). Social workers also mentioned the lack of cooperation from foster parents after they secured the Foster Child Grant. The extension of expired and expiring foster care orders from 2010 to 2021 created a belief in foster parents that they do not need to review their court orders, as the payment of the Foster Child Grant will continue as it has for the past 10 years without reviewing the grant; hence they do not respond to the social worker's requests to contact them to process the extension for the court order (DOJ 2017: High Court Order No.72513/2017).

Another factor influencing the decision-making processes of social workers during this phase was the lack of motivation and high turnover of social workers. Many social workers secured bursaries and were forced to work as social workers but they had no interest in social work. Others were disillusioned with the low salaries and poor working conditions and tended to leave the profession after a short duration (Sibanda & Lombard 2015:344; Boning & Ferreira 2013:539; Ngwenya & Botha 2012:211; Chipungu & Bent-Goodley 2004:77-78). Social workers tended to avoid speaking to children about their chronic ailments especially if the condition was terminal. They stated that the health status of the children was confidential information which they were not supposed to have access to, yet they were aware of these ailments. Children with chronic conditions experienced a lot of turmoil in foster care placements and social workers were unable to counsel or assist them with counselling and referrals for the appropriate treatment. This issue was left entirely to the foster parents to address. These factors characterised decision avoidance by social workers (Kirkman & Melrose 2013:25). There was evidence that social workers did not maintain contact with foster children and foster parents during supervision and in other cases had minimal contact (Mampane & Ross 2017:11; Schiller 2015:8; Boning & Ferreira 2013:537; Perumal & Kasiram 2009:202). The presiding officers were also aware that social workers did not maintain contact with foster children. In describing the nature of their decision-making, 52% of the participants stated that the nature of their decision-making was mixed, 43% that it was intuitive and 5% stated it was analytical.

The conclusions that emerged from the supervision phase of foster care are:

- Social workers' contact with foster children and foster parents is minimal.

- There are limited services rendered to foster parents and hence the lack of cooperation.
- The nature of decision-making is intuitive.
- Many social workers get into the profession because of the availability of bursaries and are forced to practice to meet the conditions of the bursary with no motivation for the social work profession.
- Social workers often avoid decision-making in difficult situations like counselling children on a chronic condition.
- The caseload of social workers is measured by the number of cases they have and not by the amount of work per case. Hence a case is perceived as a single placement however, if a social worker does three transfers in a case per annum the workload on a case is magnified three times.

The findings on participants' descriptions of other factors that influence decisions in foster care services which also contributed to answering of the first research question, are discussed next.

5.4.5. Theme Four: Participants' descriptions of other factors that influence decisions in foster care services

In the following paragraphs a summary and conclusions will be provided of transversal factors that influence the decision-making processes of social workers in the practical context in all phases of rendering foster care services (O'Sullivan 2011:19-40) These factors can be divided according to the context in which they prevail, namely the legal and policy context, or the professional context,

5.4.5.1. Legal and policy context

Some factors identified by participants referred to the procedures within the child protection system and the status of foreign children.

- **Lack of an integrated child protection system**

Children have the right to education, an identity, health care, safety and security, good nutrition, shelter, social services, and social assistance to name a few (South Africa 2006: section 27-29). The Children's Act 38 of 2005 (South Africa 2006:section 106) states that the Minister must determine norms and standards for child protection by regulations after consultation with interested persons and the Ministers of Education, Finance, Health and Justice and the SAPS. Despite this legislative provision for the integration of all the essential services to children, the findings indicated that social workers continue to experience gaps in services that adversely affect their decision-making. The inconsistent, unrealistic and costly demands by presiding officers that make foster parents go from department to department have been articulated by Sibanda & Lombard (2015:341) as well as Ngwenya & Botha (2012:215). Hence, the coordination of services by the Departments of Education, Home Affairs, Social Development, SAPS, Justice and National Treasury is necessary to enable children access to care and protection in a more user friendly manner.

- **Time-consuming policies and procedures**

The presiding officers in the Children's Court prescribe a number of requirements for the adjudication of a Children's Court inquiry that more often exclude children from care and protection. These requirements are necessary for due diligence over the adjudication of the child matters, however, the lack of systems and processes to access these requirements electronically, as well as the cost factor create a burden to the social workers and foster care parents. All of the requirements imply administration and time for processing. The social workers must complete advertisements for missing fathers that have a time limit of 30 days. They must obtain a clearance certificate in terms of the Children's Act 38 of 2005 that has a time limit of 21 days for processing (South Africa 2006:section 120). They must obtain identity documents for the foster parent, death certificate for the biological parents and unabridged birth certificates for the children that have costs and unspecified time constraints, especially if there are no records. A police clearance certificate must be obtained in respect of the foster parent or potential foster parent which also has a cost factor. These unrealistic demands have also been articulated by other writers (Sibanda & Lombard 2015:341; Boning &

Ferreira 2013:519; Ngwenya & Botha 2012:215). Each of the documentary requirements has its own timelines and it is difficult for the social worker to follow up on each case because of the high demand for foster care and the large number of expiring court orders per month (Sibanda & Lombard 2015:341; Boning & Ferreira 2013:519; Ngwenya & Botha 2012:215). The social work reports must be submitted to court 90 days in advance to finalise the inquiry in terms of the Children's Act 38 of 2005 (South Africa 2006: section 151).

- **The status of foreign children**

The Conventions on the Rights of the Child (UNICEF 1990: Section ii) to which South Africa is a signatory, is the guide to the protection of foreign children in South Africa. The Social Assistance Act 13 of 2005 makes provision for foreign children to access social grants (South Africa 2020: section 8). However, despite foreign children having the same rights as South African children, they encounter exclusion from services, primarily because the children do not have access to an identity document. The issue was discussed in a study by SASSA, DSD & UNICEF (2012: 120).

5.4.5.2. Professional context

Various factors identified by participants which influence decision-making in rendering foster care services, refer to aspects related to social work as a profession.

- **The best interest of child**

The best interest of the child is to uphold the rights of the child first, such as the right of the child to family care, to food, shelter, clothing, social assistance, health care, education, safety, security and the right of the child to be listened to and to participate fully in all decision-making concerning his or her well-being (Wulczyn et al 2020:22; South Africa 2006: 6-29). The Children's Act outlines the principles of the best interest of the child standard that must be upheld by all social workers working in child protection. Various authors (Fortune 2016:17-18; Minkhorst, et al 2016:172) also advocate for the best interest of the child standard. However, in practice it was found that the assessment of the children's feelings by social workers about their placements

may not be objective (Mampane & Ross 2017:3). Children placed in foster care are made vulnerable by their circumstances and the situations they find themselves in and thus may not express their true feelings about their placements (Mampane & Ross 2017:3; Roux et al 2010:45). In this study social workers stated that they considered the best interest of the child however, this was not always reflected in the case files. The high mobility of children from one placement to another is indicative that the true feelings of children about their placement was not always objectively assessed.

- **Threats to safety and security of social workers**

There is a lot of literature on the safety and security of the children in foster care but a dearth of information on the safety and security of social workers rendering foster care services, especially to adolescents. Social workers have always encountered threats to their safety from angry and frustrated biological parents who try to prevent their children from being removed from their care (Chipunga & Bent-Goodley 2004:85). Parents also know that removal of their children will result in the loss of the CSG, sometimes their only means of support. However, in recent times social workers are experiencing more threats to their safety and security from the community and the adolescent foster children (Mnisi & Botha 2016 236-237). The findings in this study showed the increasing threats from the community and lack of protection from the police.

- **Lack of training and attrition of trained social workers**

Training is a critical element of empowering social workers and supervisors to skill themselves for effective decision-making. Whilst there is more formal training done in government, there is more informal on-the-job training done in NGOs. There are several authors who have written about the lack of training provided to new social work recruits, and a lack of support from management on information and training on legislation and policies for social workers (Dhludhlu & Lombard 2017:174; Ngwenya & Botha 2012:215; Chipunga & Bent-Goodley 2004:83).

- **Social workers are considered the solution to all problems and specialist in none**

Participants indicated that social workers are viewed by citizens, politicians and government departments as the solvers of all human problems and issues that they themselves cannot solve. Hence, social workers as frontline workers are confronted with all kinds of problems and issues to resolve and no resources to do so (Lipsky 2010:13). Most departments use social workers to screen their clients to prioritise the neediest through letters of referral. However, social workers practise in a generic environment and deal with all sort of social issues but few are specialists that have vast amounts of knowledge in an area in which they can render intense services.

- **Supervision of social workers**

Supervision is an important factor in helping social workers to both make sound decisions and help shape their decision-making processes with respect to their cases (Munro 2009 143). It provides opportunities for the review, reflection and action (O'Sullivan 2011:13, Collins & Daly 2011: 25). The DSD has a number of norms and standards for social work supervision that are implemented by both government and the NGOs (DSD [sa]: 50-54). There are also norms for the workload of supervisors in terms of supervision (DSD[sa]: 24). In line with the norms and standards for supervision, the DSD has developed a Framework for Supervision of Social Work. The norm and standard, O-SP-2, on the frequency of supervision states that the frequency of supervision for newly qualified social workers should be fortnightly and they must be supervised for three years before moving to the next level, which is consultancy. Social workers at the consultancy level are supervised as and when they require it (DSD [sa]: 50). Supervisors agreed that it was difficult for them to maintain a structured programme for supervision because of competing priorities, however they try to meet this obligation if not twice a month, at least once a month (Engelbrecht 2013:462; Ngwenya & Botha 2012:215). Supervisors did not involve themselves in the social workers decision-making processes during foster care services except for the creation and allocation of files for investigations during intake and the canalisation of social work reports during placements and supervision of foster care.

In both the government and the NGOs the supervisors approved the programmes that were planned for group and community intervention but did not get involved in the implementation of the programmes, which were done at the sole discretion of the social worker. There was no reflection on the social workers' decisions for confirmation bias, influence of personal values or decision avoidance and thus, it is very difficult for social workers to improve decision-making by learning from mistakes (Kirkman & Melrose 2014:25). The frustration and insecurity social workers experience with the lack of reflection on their decision-making processes is summed up quite aptly by Dhludhlu & Lombard (2017:175) who write about the lack of support and consultation between social workers with supervisors and management. The supervision provided to social workers did create confidence in social workers about their decision-making (Ngwenya & Botha 2012:215).

5.4.5.3. Organisational Context

It was clear that the organisational context in which social workers operated, influences their decision-making within foster care.

- **Structure of foster care services in the offices of government and NGOs**

Nordesjö (2020:239) states that the structuring of services can be framed in two ways in relation to social work professionalism, namely organisational professionalism aimed at conformity to procedural standards and occupational professionalism where the procedural standards are aimed at being formulated from professionals' perspectives and needs. The tension between the two types of professionalism experienced by social workers is handled through a decoupling of frames, creating two systems for standardisation, one is directed outward for legitimacy reasons, and the other inward for efficiency reasons, namely managerialism (Nordesjö 2020: 240)

Service delivery in government in three districts was highly structured and bureaucratic. The literature on the structure of service delivery suggests that services that are decoupled from each other tend to create multiple and conflicting moral systems where moral systems refer to social work decisions that are based on the best interest and dignity of the service user (Nordesjö 2020:232; Everitts 2010: 143). It is further stated

by Evertts (2010: 143) that organisations that ascribe their clients' low social worth tend to structure their services in a highly routinised and bureaucratised manner so that the social worker and client relationship is minimised. The services in three of the NGOs were flatter, with more continuity in service delivery and less bureaucracy. Some offices in both government and NGOs are structured in terms of the caseloads of social workers, others on the areas of operations by social workers and others, both caseloads and areas of operation. The services between government and NGO were structured in terms of jurisdiction and both the intra-organisational and the inter-organisational structuring of services had an influence on the decision-making processes of social workers with respect to rendering foster care services which is described in detail in Chapter Four.

- **Lack of organisational resources for social worker to deliver foster care services**

There were no recordings in the case files on the resource challenges that participants experienced in rendering foster care services and how it affected social workers' decision-making processes. In the government sector the most widely reported constraint was the availability of cars for investigations which resulted from poor scheduling and planning for emergencies. Martin & Mbambo (2010:63) found that the lack of cars and staff to reach children in need of care and protection identified by the Umtata Child Abuse Resource Centre project constrained their services. Dhludhlu & Lombard (2017:177) stated that due to the shortage of cars, several social workers travelled together in the same car to do home visits. They added that social workers required an office with furniture and telephones (Sibanda & Lombard 2015: 343). Ngwenya & Botha (2012 215) also found that social workers lacked cars, stationary, telephones and computers. The resource constraints of social workers in the rendering of foster care services have been well documented by several writers, namely the shortage of staff, low salaries, poor working conditions, lack of systems support for administration, and limited training and supervision of social workers (Dhludhlu & Lombard 2017:177; Hall, Skelton & Sibanda 2016:8-71; RoCHAT, Mokomanen & Mitchell 2016:27; Sibanda & Lombard 2015:343-344; Boning & Ferreira 2013:519; Ngwenya & Botha 2012:211; Martin & Mbambo 2010:63; Hearle & Ruwanpura 2009:427; Ross et al 2008:6) and the findings that emerged in this study were similar.

The NGOs were more seriously constrained than government by the lack of resources, namely social workers, supervisors, lack of cars for investigations, lack of space, lack of funding for service delivery, poor salaries, high turnover of staff and low levels of motivation.

- **Lack of administrative support for social workers**

In most government offices the social auxiliary workers were used as receptionists to screen and register clients on the Saputsela system. A study by Mampane & Ross (2017:11) found that some participants (foster children) knew the name of the social auxiliary worker and not of their social worker. Social workers are inundated with writing reports, facilitating the collection of documentation for court, compiling statistics for reporting and making logistical arrangements for their travel and home visits. These functions were performed manually but government was moving towards automating some of its records and business processes. The lack of administrative staff in service placed these administrative functions onto social workers. With the lack of automation in the NGOs these administrative challenges continue to prevail.

5.4.5.4. Societal context

Participants described various factors influencing their decision-making which could be grouped as originating from the societal context.

- **Challenges social workers experienced working in communities**

Social workers work in a social system with interdependent components. In poor communities children are abused and abandoned because of biological parents being dependent on drugs and alcohol and other social pathologies. Hence, one social problem cannot be treated in isolation to the other (Font & Maguire-Jack 2015:4). Zeijlmans et al (2018:8) state that the lack of resources such as treatment programmes and centres, child assessment centres, youth training centres, after school care programmes, planned parenthood programmes, chronic illnesses, grief counselling, psychiatric and psychological services to name a few, affects the ability and quality of services social workers can render to children.

The demand for foster care is primarily from poor families in poor communities (Boning & Ferreira 2013:532; Hearle & Ruwanpura 2009:427; Nyasani, Sterberg & Smith 2009:184). In these communities resources such as unrelated foster families that are financially sound and willing to care for orphaned, neglected, abandoned and abused children are few and do not meet the demand (Zeijlmans et al 2018:461). In view of the severe lack of social services in communities that are most in need and the resource constraints with which social workers work, engaging in highly analytical frames and empirical assessments would not assist social workers to respond in the most appropriate manner to children's needs, hence the reliance on quick intuitive decisions to enable them to give the client access to the only available resources and provide relief for immediate needs (Zeijlmans et al 2018:461; Storhaug et al 2018:170; Graham et al 2015:8; Jelsma, Davids & Ferguson 2011:2)

- **Relationships between role players in decision-making in foster care**

There is no literature on this issue. Both government and NGOs render foster care services within defined jurisdictions as per memorandum of agreements between government and the respective NGOs. Government is the main service provider and is the custodian of certain functions such as the issuing of the clearance certificates in terms of Form 30 for prospective foster parents to qualify for foster care (South Africa 2006: section 123(1)(c)), the approval of TSC facilities if they are not registered, the payment of allowances for TSC (South Africa 2006: section 151&152), the canalisation of all transfers and extension orders for children over 18 years (South Africa 2006: section 176), payment of subsidies and approval of social and supervisors' posts for NGOs (South Africa 1996: section 6). There are tensions between government and NGOs in several areas, namely the issuing of approval for TSC facilities, the payment of fees for TSC, the late payment of subsidies, the non-approval of posts for additional social workers and supervisors as well as the lack of clarity on areas of operation between government and NGOs that adversely affects service delivery.

- **High caseloads and high workloads and backlogs**

The high caseloads of social workers as a factor influencing their decision-making processes, was well documented by several writers (Sibanda & Lombard 2015:44; Boning & Ferreira 2013:525; Ngwenya & Botha 2012:211). In addition to the high caseloads is the high workload within cases that is often not articulated and quantified. In supervision of foster care the workload is magnified when social workers have to do two or more transfers per case or a new inquiry for expired court orders and the general extension of expiring court orders (South Africa 2006: sections 155,159,186,171 &176). In addition to case management, social workers have to spend at least 10% of their time on group and community work to meet the requirements for an integrated practice. Furthermore, when politicians organise their community campaigns, social workers are requested to put aside all their work and give attention to the community demands. Hence, time and workload pressures make it impossible for social workers to give each case the due professional attention it requires and they come to rely on intuition for quick decision-making in practice (Kirkman & Melrose 2014; Tupper et al 2017:36-39). In a study amongst three local authorities in the UK on the decision-making in children's social care, Tupper et al (2017:36-39) showed that the higher the caseload, the lower the progress on the cases to further action.

The following conclusions were drawn from the findings on other factors that influenced the decision-making processes of social workers in rendering foster care services:

- The factors that influenced decision-making in practice contexts can be divided into professional, inter-professional, organisational, societal, legal and policy-related factors.
- In a practice context with severe community and organisational resource constraints, with no choices for service options, decision-making is likely to be skilled intuition because using analytical tools and processes which are more time consuming, will not change the outcome.
- The factors that influence the practice context are inter-dependent and therefore if one part is not treated or addressed, it will adversely impact on the other parts of the system.

The following paragraph provides the summaries and conclusions with respect to the research findings in answering the second research question.

5.4.6. Theme Five: Participants' suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers

A summary and conclusion will be provided from the findings that emerged from Theme Five, namely participants' suggestions on the content of a decision-making matrix to guide the decision-making processes of social workers, in response to question two. One of the objectives of the study was to ascertain suggestions from social workers and supervisors on the content of a decision-making matrix and to develop the decision-making matrix to guide the decisions-making processes of social workers rendering foster care services.

In Chapter One it was stated that a decision-making matrix can be used in a variety of situations to simplify complex situations and provide a clear way to think through complex decisions. A decision process matrix (DPM) is a method for visualising (assessing and mapping) individual decision-making processes. The classical decision matrix includes subjective confidences (instead of values) and all variables (options, cues, and confidences) are displayed in a chronological sequence (Hausmann et al 2016:7). It is also an activity used to analyse and prioritise information (Gay et al 2016:1). In this study the decision matrix will be used to identify the type of decisions made in each phase of foster care services and the factors that influenced the decision-making processes, to enable accountability, transparency and uniformity in decision-making.

As a decision-making matrix was a new concept for the participants, which they had not previously reflected on and thus they did not provide as much detail as under the other themes. The participant's suggestions on the content of a decision-making matrix to guide the decision-making of social workers rendering foster care is analysed in Theme Five and summarised below:

- The matrix must be user friendly and provide easy reference.
- It must provide a list of services, criteria for the services and factors influencing services rendered in each stage and phase of foster care services, especially during the prevention and early intervention stage.

- The factors that influence the selection of foster parents, and the removal of a child
- The categorisation of the types of services rendered in foster care and the factors that influence decision-making in each of the services.

However, in developing the decision-making matrix to guide social workers in decision-making, the researcher considered the participants direct inputs on the suggestions for a decision-making matrix but also some of their articulations during the interviews, when discussing the processes of decision-making, decisions and factors influencing decision-making social workers and supervisors when they referred to aspects which could be included in the decision-making matrix. The responses of the social workers and supervisors were similar and the researcher compiled their needs in a “nice to have list” on all issues that confronted the decision-making processes of social workers and supervisors.

TABLE 5.3: SUGGESTIONS by PARTICIPANTS for INCLUSION in a DECISION-MAKING MATRIX

List of Suggestions for the Decision - Matrix
Types of preventative services that can be rendered
Factors that must be considered in foster care applications
Factors that must be included in an independent development plan.
Sections of the Children’s Act relevant for foster care services.
Cases sub-categorised in terms of the sections of the Children’s Act.
Criteria for placement in related and unrelated foster care
The intensity of supervision for abused vs non-abused children.
Criteria to assess poor families
Decisions made at each phase of foster care services
Decisions at each stage and phase of foster care and services rendered to transfer and extension cases.
The matrix must be a quick tool and user friendly

Set of norms and standards on contact with clients and child's well-being
Guide on decision-making
Decisions on orphans, abused and neglected children
Criteria to assess a suitable foster parent
Factors that warrant the removal of the child from parents
Categorisation of foster cases in terms of the Sections of the Act.
Criteria on determining the best interest of the child and indicators for monitoring
Tool to assess and resolve interpersonal conflict over the FCG

The developed matrix will be presented under Recommendations. Not all these aspects mentioned by participants could be covered in the decision-making matrix. Some of the aspects which could not be part of the matrix, were addressed in the recommendations. Based in the findings, a flow chart (see Figure 5.1) was compiled to visually represent the foster care services rendered in Gauteng. This flow chart can assist social workers to contextualise their decisions and decision-making processes within the phases and stages of foster care. It can thus be used as an additional tool when making decisions.

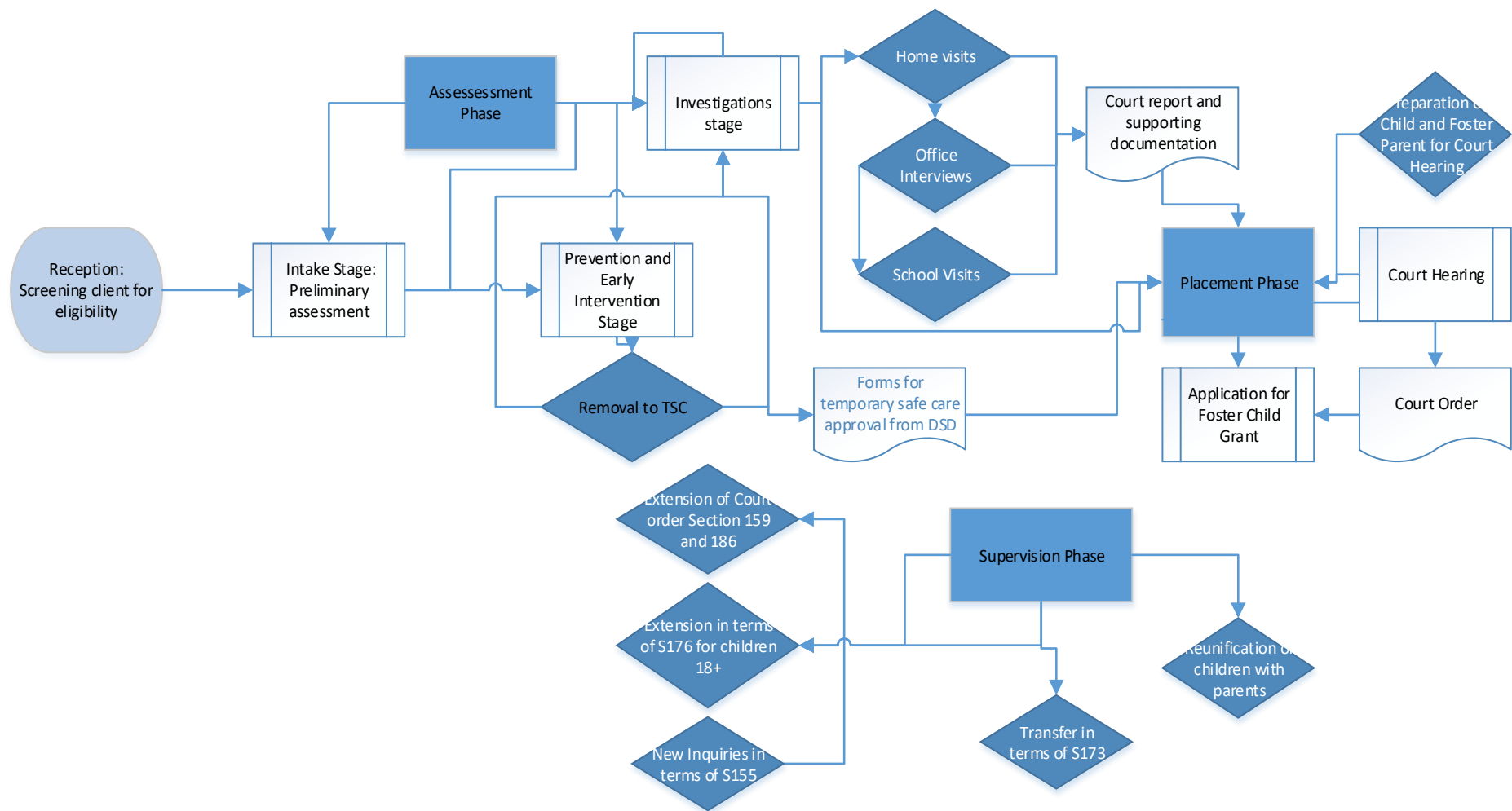


FIGURE 5.1: FLOW CHART OF FOSTER CARE SERVICES

5.5. LIMITATIONS OF THE STUDY

The researcher acknowledges the limitations inherent in the study which could be considered by future researchers.

There were several literature sources on the organisational resources of the practice context but none on its influence on the decision-making processes of social workers rendering foster care services in South Africa and hence, the researcher relied on international literature. There are also few current books and studies on decision-making processes and so the researcher had to rely on older literature.

The research design is a qualitative collective case study and generalisation or transferability can be limited with case studies because it explores phenomena within their natural context and so produces contextually bound data.

The researcher identified two populations, namely social workers and supervisors rendering foster care services. She focused on participants working within government (DSD) and NGOs. As the DSD offices selected worked closely with CWOs in the various districts, this organisation was then used as representative of NGOs. The researcher might have obtained a broader picture if she also included other NGOs in the study, however they may not have met the criteria of having the highest foster care caseloads in the district which was a purposive criteria for the selection of the sample.

She used case files for the analysis of the decision-making related to specific cases and found them to be useful. However, the information on the files was not always complete and did not always provide a reflection of the circumstances or context of the case.

5.6. RECOMMENDATIONS OF THE STUDY

The findings of this study contributed to the development of a decision-making matrix as well as to the recommendations for practice, policy, training and development and areas for further research.

5.6.1 Recommendations pertaining to the practice context of decision-making within foster care services.

The most important recommendation relating to practice is the developed decision-making matrix. Other recommendations refer to the development of analytical tools, procedures and the use of supervision.

5.6.1.1. Recommendations on the content of a decision-making matrix to guide the decision-making of social workers rendering foster care services

The researcher decided to present the decision-making matrix in the form of a decisions table matrix, making it more user friendly than a decisions tree.

TABLE 5.4: THE DECISION-MAKING MATRIX to GUIDE SOCIAL WORKERS in DECISION-MAKING

NATURE OF CASES	FOSTER CARE APPLICATIONS (FOSTER CHILD GRANT)	CRISIS INTERVENTION	EARLY INTERVENTIONS/PREVENTION
1. ASSESSMENT PHASE			
1.1 INTAKE STAGE			
1. 1.1 Structure of Services	Rotational or Dedicated Service	Dedicated Service	Rotational or Dedicated Service
1.1.2 Decision-making Processes			
1.1.2.1. Information gathering processes (techniques and methods)	Interviews (office, telephonic), Observations Professional reports Verification of information with external systems (DHA, DOE, DOJ)	Interviews (office, telephonic) observations, Home visits Professional assessment reports Verification of information with external systems (DHA, DOE, DOJ)	Interviews (office, telephonic) Observations Home visits Verification of information with external systems (DHA, DOE, DOJ)

1.1.2.2. Sources of information	<p>Prospective foster parent</p> <p>Child or children</p> <p>Relatives</p> <p>Schools or teachers</p>	<p>Referring source</p> <p>Biological parents</p> <p>Relatives</p> <p>Child or children</p> <p>Other Professionals</p> <p>Schools or teachers</p> <p>TSC (carers or facilities)</p>	<p>Prospective foster parent</p> <p>Child or children</p> <p>Biological parents or the prospective foster parents</p> <p>Relatives</p> <p>Schools or teachers</p> <p>List of resources and contact information.</p>
1.1.2.3. Methods of information gathering	Structured forms	Structured forms	Structured forms.
1.1.2.4. Tools for the assessment of the child	<p>Risk and safety assessment</p> <p>Medical assessment (form)</p> <p>Best interest of the child assessment tool</p>	<p>Risk and safety assessment forms</p> <p>Medical assessment (form)</p> <p>Best interest of the child assessment tool</p>	<p>Risk and safety assessment</p> <p>Medical assessment</p>
1.1.2.5. Involvement of other professionals	Medical doctors and psychologists in health facilities	Doctors, psychologists and forensic social workers	Medical doctors and psychologists in health facilities

		(reports plus joint decision-making)	
1.1.2.6 Collection of documentation requirements for court processes	<p>Children's identity documents</p> <p>Prospective foster parents' identity documents</p> <p>Biological parents' identity documents and death certificates</p> <p>Advert for missing father</p> <p>Clearance certificate for the foster parent in terms of Form 30</p> <p>SAPS clearance certificate</p> <p>Screening report for foster parent</p>	<p>Medical reports</p> <p>Forensic social workers report</p> <p>Psychological report</p> <p>Clearance certificate in terms of Form 30 and SAPS clearance certificate if the TSC is a foster parent.</p> <p>Approval from DSD for TSC if it is a foster parent, Form 36.</p>	Community development workers.
1.1.3 Decisions Made			
1.1.3.1 Preliminary assessment of a child in need of care in terms of	Children orphaned: loss of both parents	Assess the urgency of the case in terms of the abuse,	Child or children left in the care of the biological parents or

Section 155(1) of the Children's Act No. 38 of 2005 (herein referred to as the ACT).	<p>Children orphaned: loss of mother or father and mother or father's whereabouts or identity is unknown.</p> <p>Children are already in the care of the relatives or grandparents. Child/ren are allowed to remain with their current caregivers.</p> <p>Determine the financial and home circumstances of the caregiver to support and care for the child/ren.</p>	<p>severe neglect or abandonment.</p> <p>Determine if the child or children must be removed or the perpetrator can be moved instead.</p> <p>Determine if the child must be moved to TSC of a pre-screened foster parent, a relative or a CYCC.</p>	<p>relatives and are monitored for improvement</p> <p>Biological parents or relatives are supported with services, resources, training and life skills to improve situation, refer for CSG, SRD etc.</p> <p>Removal of child/ren to TSC can be prevention and early intervention if the assessment of the situation required longer term improvement.</p>
1.1.3.2 Requirements by NGOs to move a child to TSC		To place a child a TSC if the TSC is an individual, the organisation must have a clearance certificate in terms of Form 30, a screening report and submit the documents with Form 36 to DSD to obtain	

		Form 9, an approval form to place the child in the TSC	
1.1.3.3. Opening a Children's Court inquiry for placement in a TSC in terms of section 151(1) a child is moved to TSC with a court order.		The process and procedure is the same for government and NGOs where a Children's Court inquiry is opened and the child is place in TSC for up to 3 months.	
1.1.3.4 Opening a Children's Court inquiry for placement in a TSC in terms of section 152(1) a child is moved to TSC without a court order.		The social worker in both government and NGOs must within 24 hours of moving a child to TSC, bring the matter before Children's Court for an order for placement in TSC. In the case of NGOs they must comply with Form 36 and Form 9 namely approval by DSD for the TSC.	

1.1.3.5 Determine the best interest of the child	Should the child remain in the current placement or move to an alternative caregiver or CYCC	Ensure that TSC has the capacity to meet the needs of the child	Is it the best interest of the child to remain with the family? Develop treatment plan to address the best interest of the child.
1.1.3.6 Determine visible means of support (financial status of the children and caregiver)	Determine the financial circumstances of the caregiver to support children. Determine the income and assets of the children. Determine the well-being of the child	Investigate placements options for the child	Assist family with financial resources.
1.1.4. Factors that must be considered in decision made	Do not place total reliance on the information by the potential foster parent. Verify and confirm information with external systems.	Consider all referrals with equal importance and don't give one referral source more importance than another.	Consider all referrals by all sources as important and give due response.
	Urgency to cases should be based on the risk and safety	Urgency to cases should be based on the risk and safety	Urgency to cases should be based on the risk and safety

	assessment and not on emotions and discretions.	assessment and not on emotions and discretions.	assessment and not on emotions and discretions.
	Foster care is about child protection and not protection and poverty alleviation of the caregiver.	Foster care is about child protection and not protection and poverty alleviation of the caregiver.	Foster care is about child protection and not protection and poverty alleviation of the caregiver.
	Social workers must be reflexive about personal values with respect to poverty and the disease burden and use foster care as a solution to these social issues.	Social workers must be reflexive about personal values with respect to poverty and the disease burden and use foster care as a solution to these social issues.	Social workers must be reflexive about personal values with respect to poverty and the disease burden and use foster care as a solution to these social issues.
1.1.5. Nature of decisions (intuition, analytical or mixed)	Reflection with supervisor for accuracy and lack of personal bias	Reflection with supervisor for accuracy and lack of personal bias	Reflection with supervisor for accuracy and lack of personal bias
	Use of analytical tool and multi-professional decision-making.	Use of the results of risk and safety assessment tool and multi -disciplinary or multi professional decision-making	Use of the results of risk and safety assessment tool and multi -disciplinary or multi professional decision-making

	Currently use skilled intuition namely experience, expertise, skills and knowledge.	Currently use skilled intuition. Use experience, expertise, skills and knowledge.	Currently use skilled intuition. Use experience, expertise, skills and knowledge.
1.2 PREVENTION AND EARLY INTERVENTION STAGE			
1.2.1 Decision-making Processes			
1.2.1.1 Tools used in this phase	Risk and safety assessment tools.	Risk and safety assessment tools.	Risk and safety assessment tools.
	Use community focus groups to assess needs and develop programmes.	Use community focus groups to assess needs and develop programmes.	Use community focus groups to assess needs and develop programmes.
	Use data from national and community surveys on community needs, issues and problems.	Use data from national and community surveys on community needs, issues and problems.	Use data from national and community surveys on community needs, issues and problems.
	Uses statistics from intake and information caseload to implement community	Uses statistics from intake and information caseload to implement community	Uses statistics from intake and information caseload to implement community awareness

	awareness and information programmes and group work.	awareness and information programmes and group work.	and information programmes and group work.
1.2.1.2 Involvement of other professionals	Involvement of professional from other organisations in community assessments and development.	Involvement of professional from other organisations in community assessments and development.	Involvement of professional from other organisations in community assessments and development.
1.2.2 Decisions made	Referral for other services.	Referral for other services.	Referral for other services.
	Keep the child with the current caregiver.	Return child to parents.	Keep child in the family.
1.2.3. Factors that must be considered in decision made	The widespread poverty and illnesses, especially high mortality rates causes the high demand for foster care.	Biological parents are very uncooperative to improve or change their circumstances due to low capability and lack of resources	Biological parents are very uncooperative to improve or change their circumstances due to low capability and lack of resources.
1.2.4. Nature of decisions (Mix of intuition and analytical)	Currently use skilled intuition, namely experience, expertise, skills and knowledge.	Currently use skilled intuition. Use experience, expertise, skills and knowledge.	Currently use skilled intuition. Use experience, expertise, skills and knowledge.

	Reflection with supervisor for accuracy and lack of personal bias	Reflection with supervisor for accuracy and lack of personal bias	Reflection with supervisor for accuracy and lack of personal bias
	Use of community needs assessments tool and multi-professional decision-making.	Use of community needs assessment tools and multi-disciplinary or multi professional decision-making	Use of community needs assessment and multi-disciplinary or multi professional decision-making
1.3 INVESTIGATIONS STAGE			
1.3.1 Decision-making processes			
1.3.1.1 Information gathering processes	Home visits and observations of home conditions Observations Interviews (office and telephonic) Visits and reports from school	Home visits and observations of home conditions Observations Interviews (office and telephonic) Visits and reports from school	Home visits and observations of home conditions Observations Interviews (office and telephonic) Visits and reports from school
1.3.1.2. Sources of information	Prospective foster parent	Referring source	Referring source

	Child or children Relatives Schools or teachers Neighbours	Biological parents Child or children Professionals Schools or teachers Prospective Foster parents/ CYCC	Biological parents Child or children Professionals Schools or teachers Neighbours Relatives
1.3.1.3. Methods of confirming the information obtained at intake	Validating and confirming the information collected at intake with external sources, SASSA, UIF, SARS, GEPP, DOH, DOE, DHA. Family discussions School reports and discussions	Validating and confirming the information collected at intake with external sources SASSA, UIF, SARS, GEPP, DOH, DOE, DHA Family discussions School reports and discussions	Validating and confirming the information collected at intake with external sources SASSA, UIF, SARS, GEPP, DOH, DOE DHA Family discussions School reports and discussions

<p>1.3.1.4. Tools for the assessment of the child</p>	<p>Conducting the risk and safety assessments if not done at intake</p> <p>Analysing the results of the analytical assessments and using the results for decision-making.</p> <p>Develop a set of criteria for the foster child's needs and best interest.</p> <p>Develop a set of criteria for foster parents that will respond to child needs and best interest.</p> <p>Screen potential foster parents in terms of a set of criteria.</p> <p>Develop a developmental plan for the child with the parents.</p>	<p>Conducting the risk and safety assessments if not done at intake</p> <p>Analysing the results of the analytical assessments and using the results for decision-making.</p> <p>Complete the medical assessments or use the results of medical assessments for decision-making.</p> <p>Develop a set of criteria for the foster child's needs and best interest.</p> <p>Develop a set of criteria for foster parents that will respond to the child's needs and best interest.</p>	<p>Conducting the risk and safety assessments if not done at intake</p> <p>Analysing the results of the analytical assessments and using the results for decision-making.</p> <p>Complete the medical assessments or use the results of medical assessments for decision-making.</p> <p>Develop a set of criteria for the foster child's needs and best interest.</p> <p>Develop a developmental plan for the child with the parents.</p>
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		<p>Screen potential foster parents in terms of a set of criteria.</p> <p>Develop a developmental plan for the child with the potential caregiver or foster parent.</p>	
1.3.1.5. Involvement of other professionals	Complete the medical assessments or use the results of medical assessments for decision-making	<p>Reports from professionals and schools</p> <p>Multi-disciplinary and multi professional decision-making</p>	Complete the medical assessments or use the results of medical assessments for decision-making
1.3.2. Decisions Made			
1.3.2.1 Confirming the child in need of care and protection and the best interest of the child	The social workers decide to place the child in foster care with the prospective foster parent as being a decision in the best interest of the child	The social workers decide to place the child in foster care with the relatives, unrelated foster care or in a CYCC	The social workers decide to leave the child with the biological family, place the child in foster care with relatives or unrelated foster care or in a CYCC
1.3.3 Factors That Must be considered in the Decision-Making	Age gap between the foster parents and the foster child	Age gap between the foster parents and the foster child.	

	The foster parent must be able to assist the child with homework and other needs	The foster parent must be able to assist the child with homework and other needs.	
	The child's views and feelings about the placements must be free from influences and, honest	The child's views and feelings about the placements must be free from influences and honest	
	Child's views and the child's attachment to the foster parent, environment and school	The placement option must be able to respond to the emotional, physical and therapeutic needs of the child.	
		Home conditions of the prospective foster parent.	
		Financial means to support the child and children.	
1.3.4. Nature of decisions (Mix of intuition and analytical)	Currently use skilled intuition, namely experience, expertise, skills and knowledge.	Currently use skilled intuition. Use experience, expertise, skills and knowledge.	Currently use skilled intuition. Use experience, expertise, skills and knowledge.

	Reflection with supervisor for accuracy and lack of personal bias in decision-making.	Reflection with supervisor for accuracy and lack of personal bias in decision-making.	Reflection with supervisor for accuracy and lack of personal bias in decision-making.
	Use of analytical tools for assessment of child's needs and best interests, and potential foster parent to meet the child's needs.	Use of analytical tools for assessment of child's needs and best interests. The assessment of the potential foster parent to meet the child's needs. Multi-disciplinary or multi professional decision-making	Management of the child's development plan.
	Reflection with supervisor for accuracy and lack of personal bias	Reflection with supervisor for accuracy and lack of personal bias	Reflection with supervisor for accuracy and lack of personal bias
2. PLACEMENT PHASE			
2.1 Decision-making processes			

2.1.1 Compliance with the requirements of court	<p>Submission of the social worker's report</p> <p>Identity documents of child, prospective foster parents and biological parents</p> <p>Death certificates of biological parents</p> <p>Clearance certificates in terms of Form 30 and SAP clearance certificate in respect for prospective foster parents</p> <p>Advertisement for the missing father</p> <p>Screening report for the foster parent 90 days before court hearing</p>	<p>Submission of the social workers report</p> <p>Identity documents of child, prospective foster parents and biological parents.</p> <p>Death certificates of biological parents.</p> <p>Clearance certificates in terms of Form 30 and SAP clearance certificate in respect for prospective foster parents</p> <p>Advertisement for the missing father.</p> <p>Screening report for the foster parent 90 days before court hearing.</p>	
2.1.2 Preparation of the child or children and	<p>Children already in placement.</p> <p>No need for the preparation of the children on placement.</p> <p>Social worker reads report to</p>	<p>Children are prepared for the placement by allowing the children to visit and even stay over at the prospective foster</p>	

foster parents for the court hearing	children and foster parents, explains content and court proceedings.	parent's home if the placement is unrelated. Social worker reads report to children and foster parents, explains content and court proceedings.	
2.1.3. Tool used the placement stage	The sections of the Children's Act guide the social workers in compiling the reports and presenting the evidence in court.	The sections of the Children's Act guide the social workers in compiling the reports and presenting the evidence in court.	
2.1.4 Involvement of professionals	The court uses the report from professionals as evidence. Other professionals are rarely called to Children's Court. The child and biological parents are allowed legal representation at court.	The court uses the report from professionals as evidence. Other professionals are rarely called to Children's Court. The child and biological parents are allowed legal representation at court.	
2.2 Decisions made			

2.2.1 To place the child with existing caregiver	All initial placements are for two years in terms of Section 159 of the Children' Act 38 of 2005 and if there are no parents and the child is doing well in the placement, in terms of Section 186 the placements can be extended until the child turns 18 years.		
2.2.2 To place child with an unrelated caregiver		All unrelated placements are for a period of two years in terms of Section 159 of the Children' Act 38 of 2005.	
2.2.3 To return child to biological parents	There is improvement in the circumstances of the parents and the child is returned to the biological parents.	There is improvement on the circumstances of the parents and the child is returned to the biological parents.	
2.2.4 To place the child in a CYCC	No relatives are keen on fostering the child.	No unrelated foster parents available for the child.	

2.2.5 Assist foster parents to apply for the Foster Child Grant	Provide the foster parents with a copy of the court order and explain to them the requirements and procedure to apply for the FCG.	Provide the foster parents with a copy of the court order and explain to them the requirements and procedure to apply for the FCG.	
2.3 Factors that Influence decision-making	Willingness of the potential to care for the child, confirmed by an affidavit	Willingness of the potential to care for the child, confirmed by an affidavit	
	Willingness of the child to be placed with the potential foster parent, confirmed by an affidavit.	Willingness of the child to be placed with the potential foster parent, confirmed by an affidavit.	
	Different interpretations of the ACT by social workers and the presiding officers.	Different interpretations of the ACT by social workers and the presiding officers.	
2.4. Nature of Decisions (Mix of intuition and analytical)	Reflection by the supervisor on the accuracy of the social workers decision	Reflection by the supervisor on the accuracy of the social workers decision	
3. Supervision Phase			

3.1 Decision-making processes			
3.1.1. Information gathering processes (Techniques and methods)	Interviews (Office, telephonic) Professional reports Home visits Verifications of assets and income of children	Interviews (Office, telephonic) Observations, Home visits Professional assessment reports Verifications of assets and income of children	
3.1.2. Sources of information	Prospective Foster parent Child or children Relatives Schools or teachers	Referring source Biological Parents Child or children Professionals Schools or teachers	
3.1.3. Tools for the assessment of the child	Medical assessment (Form) for all children requiring extension (Sections 159 and 186) and transfer cases (section 173).	Risk and safety assessment for children abused in foster care and have to be transferred to alternate care.	

	<p>Best interest of the child assessment for transfer cases in terms of section 173 of the ACT due to the death of the foster parent.</p> <p>Screening criteria for potential foster parents.</p> <p>Matching of foster child and potential foster parent.</p>	<p>Medical assessment (Form)</p> <p>Best interest of the child assessment tool</p> <p>Screening criteria for potential foster parents.</p> <p>Matching of foster child and potential foster parent.</p>	
	<p>Child Development Plan and monitoring of progress towards the achievement of outcomes.</p> <p>Case management plan.</p>	<p>Child Development Plan and monitoring of progress towards the achievement of outcomes.</p> <p>Case management plan.</p>	
3.1.4. Involvement of other professionals	Psychologists, doctors, teachers.	Doctors, psychologists and forensic social workers and teachers. (reports plus joint	None

		multi-professional decision-making)	
3.1.5 Collections of documentation requirements for court processes	<p>Children's, the prospective foster parents' and biological parents' identity documents</p> <p>Death certificates of biological parents</p> <p>Advert for missing father</p> <p>Clearance certificate in terms of Form 30 and SAPS clearance certificate for the potential foster parent or the foster parents as these documents are valid for two years only.</p> <p>All court orders in consecutive order.</p>	<p>Medical reports.</p> <p>Forensic social workers report.</p> <p>Psychological Report</p> <p>Clearance certificate in terms of Form 30 and SAPS clearance certificate if the TSC is a foster parent.</p>	
3.2 Decisions made			

3.2.1. To extend the court order for two years in terms of 159	If the child has biological parents then the order is extended for two years	In cases where a child is placed in unrelated care, the court order is extended for two years. The procedures for the extension is the same as the initial placement.	
3.2.2. Extend the court order until 18 years in terms of section 186	If there are no biological parents and the child is doing well in the placement then the order is extended until 18 years.	If there are no biological parents and the child is in related foster care and doing well in the placement then the order is extended until 18 years in terms of section 186 of the ACT.	
3.2.3. Transfer the child to an alternate placement in terms of Section 176.	If there is a breakdown in the relationship between the child and the foster parents then the child is transferred to alternate care. The child can also be transferred back to the original foster parents.	If there is a breakdown in the relationship between the child and the foster parents then the child is transferred to alternate care. The child can also be transferred back to the original foster parents.	

3.2.4. Extend the court order beyond 18 years until 21.	If a child is continuing schooling or post-school training and education then the order can be extended until the child has completed schooling but no longer than 21 years.	If a child is continuing schooling or post-school training and education then the order can be extended until the child has completed schooling but no longer than 21 years.	
3.3. Factors influencing decision-making	Non-disclosure of information by the foster parents on the assets and parents of the children.	Non-disclosure of information by the foster parents on the assets and parents of the children.	
	The parent of the child could be living in the same home with the child or the children having regular contact with one or both parents.		
	Non-cooperation from the foster parents in keeping contact with the social worker, providing updated information or		

	responding for the extension of the court order.		
	Social workers not motivated for supervision services over long periods and require a rotation of functions.	Social workers not motivated for supervision services over long periods and require a rotation of functions.	
	The high turnover of social workers result in discontinuity in service delivery and loss of contact with the foster child.	The high turnover of social workers result in discontinuity in service delivery and loss of contact with the foster child.	
3.4. Nature of decisions (Mix of intuition and analytical)	Currently use skilled intuition namely experience, expertise, skills and knowledge.	Currently use skilled intuition Use experience, expertise, skills and knowledge.	
	Reflection with supervisor for accuracy and lack of personal bias in decision-making.	Reflection with supervisor for accuracy and lack of personal bias in decision-making.	
	Use of analytical tools for assessment of child needs and	Use of analytical tools for assessment of child needs	

	best interests, and potential foster parent to meet the child's needs.	and best interests. The assessment of the potential foster parent to meet the child's needs. Multi-disciplinary or multi professional decision-making	
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It is recommended that both government and NGOs implement the decision-making matrix developed, to help guide social workers in decision-making in rendering foster care services. Foster care is a statutory service and this means that social workers in both government and NGOs have to comply with the same procedures. They experience the same challenges in decision-making because they work in the same environment and similar contexts. The matrix will assist social workers in achieving more coherence and convergence in decision-making, resulting in greater uniformity, equity and less discretion. The use of this tool will also lead to a greater awareness of factors influencing individual social workers' decisions and build confidence in their own decision-making.

5.6.1.2 Recommendations on the development and use of other decision-making tools within foster care

- A matching tool for the placement of children in foster care should be developed and implemented. This was a request from the participants. There is a high rate of transfers and multi-transfers of foster children between placements. Both government and NGOs do not have a tool to match the placement of children with foster parents. A tool of this nature would improve the placement of children and thus, reduce multi-transfers of children out of placements, thus reducing the workload of social workers.
- A monitoring framework for the children in foster care should be developed to monitor and measure the developmental outcomes of children to enable social workers to implement outcomes-based decision-making in foster care services. There are limited services rendered to children in foster care despite the recommendation for IDPs for children. A national monitoring framework on the developmental outcomes of all children in foster care could enforce accountability for decision-making by social workers for the realisation of developmental outcomes in foster children.
- The development of an instrument to assess that the best interest of the child standard was implemented in all decisions made by social workers is recommended. Most social workers stated that they did not know how to assess that the decisions they made were in the best interest of the child. Hence, a transparent process where all the parties to the decision-making process including the child, are aware that the decisions made are in the best interest of the child and that the child is in agreement with the decisions.
- A guideline should be developed on the utilisation of the Foster Child Grant to promote human capital development and assist social workers in decision-making to manage the correct use of the Foster Child Grant in realising the developmental outcomes of the foster child/ren. Currently the foster parents enjoy the prerogative of how the Foster Child Grant will be used, with no guidelines or procedures compelling the foster parent to use the money for the foster child's needs. This also incapacitates the decision-making powers of social

workers to direct the grant towards the development of the foster child. A guideline will empower social workers to compel foster parents to ensure that the grant is used in the best interest of the child.

5.6.1.3 Recommendations on required procedures and documentation utilised within the delivery of foster care services

- It is recommended that it is made mandatory through procedure by DSD or requirements by the courts that all children placed in foster care, both related and unrelated, must undergo a medical and psychological assessment before placement. Children in related foster care have experienced the trauma of losing a parent through death, abandoned in the care of relatives, some children endure sexual and physical abuse and because they are placed with relatives, these traumas are not detected by a professional assessment or treated. The foster children also are afraid of reporting these incidents for fear of the unknown.
- Alternate forms of documentation for children should be recognised by all government departments to provide undocumented children access to their rights and services. SASSA has relaxed its requirements for identity documents to access the Foster Child Grant. The only requirement for access to the grant is a valid foster care order. It is important that the Department to Education do the same to enable undocumented children to gain access to education and children in tertiary institutions access to funding.

5.6.1.4 Recommendations on supervision of social workers rendering foster care services

- The supervision framework needs to be revised to allow for the delegation of the supervision of students and social auxiliary workers to experienced social workers and thus, reduce the workload on social work supervisors. This will enable supervisors to engage social workers in a more structured manner on supervision and allow for more time for the reflection and feedback on social workers decision-making, to enable skilled decision-making and practice wisdom.

- Quarterly supervisory audits be conducted on all case files and foster children and as per the supervision norm to ensure that social workers are in contact with foster children and that the recording in the files is complete and accurate and current.

5.6.2. Recommendations pertaining to the social policy context of decision-making within foster care services

It is recommended that formal systems and structures be implemented to improve the integration and coordination of services to children between the various government departments and between government and NGOs. There are a number of coordinating committees within the DSD and its entities and between the DSD and NGOs that meet and discuss issues on child protection. However, issues and challenges in foster care, such as the lack of identity documents for undocumented children, the inadequate funding of social services, the lack of social services in poor communities, the lack of access to education by undocumented children and the lack of psychological services for children remains unresolved. A formal structure that includes all the government departments, namely the DSD as the lead department, Department of Health, Education, Home Affairs and National Treasury to name a few, with NGOs must be established and regulated by a protocol agreement to address the challenges and implement systems to aid in child protection and development in foster care.

- Social services should be extended in poor communities. Poor communities have a higher need for social services and without any resources, social workers are incapacitated in decision-making and render their services ineffective. The government needs to invest more financial resources in developing social services and social capital in poor communities to support the decision-making processes for social workers for more effective practice.

5.6.3 Recommendations pertaining to training of and development of social workers' rendering foster care services.

It is recommended that the professional development of social workers is outsourced to training institutions. The training should address the following:

- The use of professional tools for the assessment of children and families and the design of intervention strategies for children in foster care;
- Developing social work skills to engage in multi-professional and multi-disciplinary decision-making;
- The development of practice wisdom in social work decision-making; and
- Training social workers on counselling children with chronic illnesses, trauma, grief and death.

5.6.4 Recommendations pertaining to future research on decision-making within foster care services

- As part of post-graduate research, the developed decision-making matrix could be tested by social workers in both government and NGOs and improvements can be made. The improved version can then be marketed to government and NGOs as a tool to guide social workers in their decision-making when rendering foster care services. Further research can be undertaken to determine the usefulness of the decision-making matrix in practice.
- It is recommended that the involvement of children in social workers' decision-making processes in foster care services be researched. Children are the centre of the social workers' decision-making for stability in their placement and their long term developmental outcome but it seems that despite the emphasis on the best interest of the child, children are not actively involved in the decision-making processes of social workers. This not only has an impact on the child but also on the nature of services social workers render in foster care. Research on understanding how children are involved in decision-making, the extent of their involvement and its impact on the relationship between the foster child and social worker is relevant in rendering effective foster care services.

- The impact of the new legislative reforms on social workers decision-making processes in rendering foster care should be further researched. The Amended Social Assistance Act makes provisions for an increased amount of the grant for children who are single and double parent orphans. This is based on the rationale that social workers were using foster care to respond to poverty alleviation of carers caring for orphaned children. Hence the carers need not go to the social worker to access the higher social grant since they will receive a CSG of the same value as the Foster Child Grant. This will remove the effect of social control over child protection with highly vulnerable children. To cater for this situation, all applicants for the CSG for orphans will be referred to the social workers to determine the need for care and protection. There will be a more effective management of the demand because the criteria for eligibility will be legislated to enable equality of access and all orphans will be registered on the SASSA database. Hence, social workers will have online real-time access to all orphaned children in the country. Whether this system will assist social workers to render more effective child protection services, especially with respect to foster care, has to be determined.

5.7. CHAPTER SUMMARY

This chapter focused on the summary of the general introduction, orientation of the study, the theoretical conception and literature review. It was followed by the summary and conclusions on the applied description of the qualitative research and the research findings.

The researcher presented the demographic information of the research participants and the summary and conclusions on each of the five themes. A summary list of suggestions for a decision-making matrix and a flow chart on the foster care services in Gauteng, South African were portrayed. The decision-making matrix is presented in the list of recommendations for social work practice, social policy, professional training and development and further research.

Foster care services is the largest child protection programme in South Africa, with social services concentrating primarily on related placements. With the changes to the social assistance and the CSG, foster care services is likely to undergo fundamental changes

from related placements to unrelated and cluster scheme placements. Irrespective of the predominant type of foster care, the developed decision-making matrix based on factors influencing decision-making, will create a new awareness of decision-making processes and will assist social workers rendering foster care services to make accountable decisions within every phase of foster care. This study will serve as the baseline study for all future studies on decision-making, especially for the evaluation studies of the decision-making processes of social workers' rendering foster care services in South Africa.

LIST OF REFERENCES

Alex, A. 2018. Intake assessment in social science professions.

<http://anishaalex.blogspot.com> (Accessed 30 October 2020).

Almas, AN, Degnan, KA, Walker, O, Radulese, A, Nelson, CA, Zeanah, H & Fox, N. 2015. The effects of early institutionalisation and foster care Interventions on children's social behaviours at the age of eight. *Social Development* Vol.24 (2):236-237.

Anney, VN. 2014. Ensuring the quality of the findings of qualitative research: looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies* 5(2): 272-281.

Arad-Davidson, B & Benbenishty, R. 2008. The role of workers' attitudes and parent and child wishes in child protection workers' assessment and recommendations regarding removal and reunifications. *Children and Youth Services Review* 30:107-12.

Babbie, E & Mouton, J. 2010. *The practice of social research*. Cape Town: Oxford University Press.

Babbie, E. 2014. *The practice of social research*. Boston MA: Cengage Learning.

Banks, S. 2006. *Ethics and values in social work*. 3rd edition. Basingstoke: Pelgarve Macmillan.

Barker, L. 1998. *The social work dictionary*. Washington DC: National Association of Social Workers Press.

Baron, J. 2000. *Thinking and deciding*. 3rd edition. Cambridge: Cambridge University Press.

Baron, J. 2005. Normative models of judgement and decision- making, in *The Blackwell handbook of judgment and decision- making*, edited by DJ Koehler & N Harvey. Oxford: Blackwell.

Baxter, P & Jack, S. 2008. Qualitative case study methodology: study design and implementation for novice researchers. *The Qualitative Report* 13(4):544-559.

Bazeley, P & Jackson, K. 2006. *Qualitative data analysis with NVIVO*. 2nd edition. Los Angeles: Sage.

Beckett, C. 2006. *Essential theory for social work practice*. London: Sage Publication.

Beckett, C. 2007. *Child protection: An introduction*. 2nd edition. Los Angeles: Sage.

Beresford, B & Sloper T. 2008. *Understanding the dynamics of decisions making and choice: a scoping study of key psychological theories to inform the design and analysis of the panel study*. UK: University of York.

Berger, LM, Bruch, SK, Johnson, EI, James, S & Rubin, D. 2009. Estimating the impact of out of home placement on child well-being: approaching the problem of selection bias. *Child Development* 80(6):1856 – 1876.

Berrick, JD, Peckover, S, Poso, T & Skivenes, M. 2015. The formalized framework for decision- making in child protection care orders: a cross country analysis. *Journal of European Social Policy* 25(4):366-378.

Blaike, N. 1993. *Approaches to social enquiry*. Oxford: Polity Press.

Bless, C, Higson-Smith, C & Sithole, L. 2013. *Fundamental of social research methods. An African perspective*. 5th edition. Cape Town: Juta.

Bliss, HW. 2011. *The role of school social workers working with children in foster care and the factors that impact that role*. Dissertation partial fulfilment for PhD in Social Welfare, New York, Yeshiva University.

Bliss, LA. 2016. Phenomenological research: inquiry to understanding the meanings of people's experiences. *International Journal of Adult Vocational Education and Technology* Vol.7 Issue 3: 16-28.

Blom-Cooper, L.1985. *A child in trust: the report of the panel of inquiry into the circumstances surrounding the death of Jasmine Beckford*. Middlessex: London Bough of Brent.

Boning, A & Ferreira, S. 2013. An analysis of and different approach to challenges in foster care practice in South Africa. *Social work/Maatskaplike Werk* 49(4):519-569.

Bowan, GA. 2010. Naturalistic inquiry and the saturation concept in, *A research note in data collection*, edited by WP Vogt. Los Angeles: SAGE.

Brammer A. 2007. *Social work law*. 2nd edition. Harlow: Pearson.

Braun, V & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2):77-101.

Braun, V & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2):77-101.

Brayne, H & Broadbent, G. 2002. *Legal materials for social work*. Oxford: Oxford University Press.

Breen, N. 2015. *Foster care in South Africa: where to from here*. Johannesburg: Johannesburg Child Welfare.

Brink, H, Van der Walt, C & Van Rensburg, GH. 2018. *Fundamentals of research methodology for health professionals*. 4th edition. South Africa: Juta.

Britner, PA & Mossler, DG. 2002. Professionals' decision- making about out of home placements following instances of child abuse. *Child Abuse and Neglect* 26(4):317-332.

Bronfenbrenner, U. 1979. *The ecology of human development*. Cambridge, MA: Harvard University Press.

Brown, HC, Sebba, J & Luke, N. 2014. *The role of the supervising social worker in foster care*. Oxford: Rees Centre for Research in Fostering and Education, University of Oxford.

Brown, K. 2009. *The risk of harm to young children in institutional care*. London: Save the Children.

Brown, HC. 2014. *Social work and foster care*. London: Sage.

Brown, HC. 2014. *The role of the supervising social worker in foster care*. Oxford: Rees Centre for Research in Fostering and Education, University of Oxford.

Brownson, RC. 2014. Practice-research partnerships and mentoring to foster evidence- based decision- making. *Public Health Research, Practice and Policy* Vol.11 May 2014. Open Access.

Bruce, L. 2013. *Reflective practice for social workers. A handbook for developing professional confidence*. Berkshire: Open University Press.

Bryman, A. 1998. Quantitative and qualitative research strategies in *Knowing the social world*, edited by T May & M Williams. Canada: Open University Press.

Bryman, A.2012. *Social research methods*.4th edition. New York: Oxford University Press.

Buckley, H. 2003. *Child protection, beyond the rhetoric*. United Kingdom: Jessica Kingsley Publishers Ltd.

Budd, KS, Poindexter, LM, Feliz, ED & Naik-Polan, AT. 2001. Clinical assessment of parents in child protection cases: an empirical analysis. *Law and Human Behaviour* 25:93-108.

Burgund, A & Zegarac, N. 2016. Perspectives of youth in care in Serbia. *Child Adolescent Social Work* 33(1):151-161.

Bungane, XP. 2007. *Guidelines for social workers to improve foster care placements for children affected by HIV/AIDS*.MS dissertation, Potchefstroom, North West University.

Chipungu, SS & Bent-Goodley, TB. 2004. Meeting the challenges of contemporary foster care. *The Future of Children* Vol.14 No.1: 75-93.

Clark, CL. 2000. *Social work ethics: politics. Principles and practice*. Basingstoke: MacMillan.

Clark, CL. 2000. Values in health care professional socialisation: implications for geriatric teamwork. *The Gerontological* 37(4):441-451.

Cleaver, H, Walker, S & Meadow, P. 2004.*Assessing children's needs and circumstances: the impact of the assessment framework*. London: Jessica Kingsley Publishers.

Collins, E & Daly, E. 2011. *Decisions making and social work in Scotland: the role of evidence and practice wisdom*. Scotland: The Institute for Research and Innovation in Social Services (IRISS).

Corby, B, Shemmings, D & Wilkins, D. 2012. *Child Abuse: an evidence base for confident practice*. 4th edition .UK: Open University Press.

Coulshed, V & Orme, J. 2006. *Social work practice: an introduction*. 4th edition. Basingstoke: Palgrave Macmillan.

Creswell, JW & Creswell, JD. 2018. *Research design: qualitative, quantitative and mixed methods approaches*. Los Angeles: Sage.

Creswell, JW & Poth, NC. 2018. *Qualitative inquiry and research design. Choosing among five approaches*. Los Angeles: Sage.

Daron, JD & Colenbrander, DR. 2012. *A critical investigation of evaluation matrices to inform coastal adaption and planning decisions at the local scale*. Cape Town: Climate System Analysis Group, University of Cape Town.

Delgado, P, Pinto, SV, Carvalho, JMS & Gilligan, R. 2019. Family contact in foster care in Portugal. The views of children in foster care and other key actors. *Child and Family Social Work* (24):98-105.

Department of Education 2013. Assessment and approval of foster carers: amendments to the Children's Act 1989 guidance and regulations. July 2013.UK: Internal document.

Department of Health, South African Medical Research Council, NDP 2030, StatsSA. 2017. South Africa's demographic and health survey 2016. Pretoria: StatsSA.

Department of Health. 2000. Framework for the assessment of children in need and their families. March 2000. UK: The Stationery Office.

Department of Justice. 2011. South Gauteng High Court order in terms of section 155(1) of the Children's Act No. 38 of 2005. Appeal Court order no. A 3056/11. August 2012. Internal document.

Department of Justice. 2011. North Gauteng High Court order 21726/2011. May 2011. Internal document.

Department of Justice. 2014. North Gauteng High Court order 21726/2014. December 2014. Internal document.

Department of Justice. 2017. North Gauteng High Court order 72513/2017. November 2017. Internal document.

Department of Justice. 2019. North Gauteng High Court order 72513/2017. November 2019. Internal document.

Department of Justice. 2020. North Gauteng High Court order 55477. November 2020. Internal document.

Department of Monitoring and Evaluation 2019. MTSF 2015-2019. June 2020. Internal document.

Department of Social Development (DSD) 2009. Guideline for the effective management of foster care in South Africa. Republic of South Africa. October 2019. Internal document.

Department of Social Development (DSD) 2012. Information guide on the management of statutory services. Republic of South Africa. June 2012. Internal document.

Department of Social Development & UNICEF. 2012. Assessment tool for children in alternate care. June 2012. Pretoria: UNICEF.

Department of Social Development. 2016. Report of the Ministerial Committee on foster care. December 2016. Internal document.

Department of Social Development. 2016. Review of White Paper on Social Welfare, 1997. June 2-16. Internal document.

Department of Social Development (DSD) 2020. Draft regulations to the Social Assistance Act, 2004 as amended. October 2020. Internal document.

Department of Social Development (DSD). [Sa]. Generic norms and standards for social welfare services. [Sa]. Internal document.

Department of Social Development (DSD). [Sa]. Supervision framework for the social work profession in South Africa. [Sa]. Internal document.

Devlin, AS. 2018. *The research experience. Planning, conducting and reporting research*. United Kingdom: Sage Publications Inc.

Dhludhlu, S & Lombard, A. 2017. Challenges of statutory social workers in linking foster care services with socio –economic development programmes. *Social Work/Maatskaplike Werk* Vol. 53(2):165-185.

Doody, O & Bailey, ME. 2016. Setting the research question, aim and objective. *Nurse Researcher* 23(4):19-23.

Doodyer, A. 2013. *Child centred foster care. A rights based model for practice*. Jessica Kingsley Publishers: London.

Drah, B. 2016. Orphans in Sub- Saharan Africa: the crisis, the intervention and the anthropologist. *Africa Today* Vol.59 (2):3-21.

Dustin, D. 2006. Skills and knowledge needed to practice as care manager: continuity and change. *Journal of Social Work* 6(3):293-313.

Engel, JR & Schutt, KR. 2014. *The fundamentals of social work research*. 2nd edition. Los Angeles, CA: Sage.

English, D & Pecora, P. 1994. Risk assessment as a practice method in child protective services. *Child Welfare* 24:451-473.

Engelbrecht, LK. 2013. Social work supervision policies and frameworks: playing notes or making music. *Social Work/Maatskaplike Werk* 49(4):456-468.

Enosh, G & Bayer- Topilsky, T. 2015. Reasoning and bias: heuristics in safety assessment and placement decisions for children at risk. *British Journal of Social Work* 45: 1771-1787.

Epstein, R, Schlueter, D, Gracey, KA, Chandrasekhar, R & Cull MJ. 2015. Examining placement disruption in child welfare. *Residential Treatment for Children & Youth* 32:224-232.

Evertts, J. 2010. Reconnecting professional occupations with professional organisations, risks and opportunities in *Sociology of professions* edited by LG Svensson & J Evertts. Sweden: Daidalos.

Enders, A & Barsoux, JL. 2020. Rethinking out of the box. Mathematics 2020. [https://doi: 10.3390/math8101672:1-15](https://doi.org/10.3390/math8101672:1-15) (Accessed on 20 November 2020).

Fischhoff, B.1996. The real world: what good is it? *Organisational Behaviour and Human Decision Processes* 65:232-248.

Font, S. 2014. Kinship and non-relative foster care: the effects of placement types on child well-being. *Child Development* Vol.85 No.5:2074 – 2090.

Font, SA & Maquire-Jack, K. 2015. Decision-making in child protective services: influences at multiple levels of the social ecology. *Child Abuse and Neglect* 49(50):70-82.

Fortune, CL. 2016. *An overview of the foster care crisis in South Africa and its effect on the best interests of the child principle: a socio- economic perspective*. DPhil thesis, University of Western Cape, Cape Town.

Gambrill, E. 2009. Decision making in child welfare; constraints and potentials. Oxford Press Scholarship online.www.oxfordscholarship.com (Accessed on 15 November 2020).

Gambrill, E. 2010. A client focused definition of social work practice in *Social work ethics*, edited by E Gambrill. USA: Ashgate.

Gasson, S. 2004. Rigor in grounded theory research: an interpretative perspective on generating theory from qualitative field studies, in *The handbook of information systems research*, edited by ME Whitman& AB Woszczyński. Hersey, PA: Idea Group.

Gay, K, Stubbs, E & Galindo-Gonzalez, S.2016. Matrix ranking: a tool for decision making and prioritization. AEC 577. *Department of Agricultural Education and Communication*. <http://edis.ifas.ufl.edu> (Accessed on 22 November 2020).

Gentles, SJ, Chales, C, Ploeg, J & McKibbin, KA. 2015. Sampling in qualitative research: insights from an overview of methods literature. *The Qualitative Report* 20(11):1772-1789.

Gigerenzer, G.2007. *Gut feelings: the intelligence of the unconscious*. New York: Vikings.

Glasson, M. 1965. The development of intake procedure in a family counselling agency. *Australian Journal of Social Work* Vol.18 (2):1-5.

Global Social Service Workforce Alliance Case Management Interest Group. 2018. *Core concepts and principles of effective case management: approaches for the social service workforce*. www.socialserviceworkforce.org (Accessed on the 11 November 2020).

Glover, JJ. 2017. Ethical decisions making guidelines and tools in *Ethical informatics, challenges and opportunities* edited by LB Harman & FH Cornelius. USA: Library of Congress Cataloguing in Publication Data.

Goodyer, A. 2011. *Child centred foster care. A rights based model for practice*. UK: Jessica Kingsley Publishers.

Graham, JC, Dettlaff, AJ, Baumann, DJ & Fluke, JD. 2015. The decision making ecology of placing a child into foster care: a structural equation model. *Child Abuse & Neglect* Vol.49:12-23.

Gray, M, Plath, D & Webb, SA. 2009. *Evidence based social work. A critical stance*. London: Routledge.

Guba, EG & Lincoln, YS. 1989. *Fourth generation evaluation*. NJ: Newbury Park Sage.

Hackett, S & Taylor, A. 2014. Decision making in social work with children and families: the use of experiential and analytical cognitive processes. *The British Journal of Social Work* 44(8):2182-2199.

Hall, G, Boddy, J & Chenoweth, L. 2016. An adventurous journey: social workers guiding customer service workers on the welfare frontline. *Aotearoa New Zealand Social Work* 28(3): 26-36.

Hall, K, Skelton, A & Sibanda, S. 2016. Social assistance for orphaned children living with family, in *The South African child gauge*, edited by A Delany, S Jehoma & L Lake. Cape Town: Children's Institute.

Hamm, RA.1998. Clinical intuition and clinical analysis: expertise and the cognitive continuum, in professional judgement: in *Clinical decision making*, edited by J Dowie and A Elstein. Cambridge: Cambridge University Press.

Hammond, KR.1996. *Judgement and social policy*. New York: Oxford University Press.

Hancock, DR & Algozzine, B. 2011. *Doing case study research. A practical guide for beginning researchers*. New York: Teachers College Press.

Harden, J.B 2004. Safety and stability for foster children: a developmental perspective. *Future Child* Vol.14 (1):30-47.

Harling, K. 2002. *An overview of case study. Annual meeting of the American Agricultural Economics Association*, 27 July 2002, California: Unpublished.

Harvey, J. 2007. *Effective decision making*.UK: The Chartered Institute of Management Accounts.

Hausmann, D, Zulian, C, Battegay, E & Zimmerli, L. 2016. Tracing the decision-making process of physicians with a decision process matrix. *BMC Medical Informatics and Decisions making* 16(133): 1-11.

Hearle, C & Ruwanpura, KN. 2009. Contentious care: foster care grants and the caregiver-orphan relationship in KwaZulu-Natal Province, South Africa. *Oxford Development Studies* Vol. 37(4): 423-437.

Hegar RL & Scannapieco, M. 1999. *Kinship foster care. Policy practice and research*. New York: Oxford University Press.

Helm, D. 2011. *Making sense of child and family assessment: how to interpret children's needs*. London: Jessica Kingsley Publishers.

Hennink, M, Hutter, I & Bailey, A. 2011. *Qualitative research methods*. Los Angeles: Sage.

Hesse-Biber, SN & Piatelli, D. 2007. Holistic reflexivity in *Handbook of feminist research: theory and praxis*, edited by S N Hesse-Biber. Thousand Oaks, CA: Sage Publications Inc.

Hesse-Bieber, SN & Leavy, P. 2007. *The practice of qualitative research*. 2nd edition. Los Angeles. Sage Publishers.

Hollway, I & Wheeler, S. 1998. *Quantitative research for nurses*. London: Blackwell Science.

Howe, D. 2008. *The emotionally intelligent social work*. Basingstoke: Palgrave Macmillan.

Hughes, JC & Baldwin, C. 2006. *Ethical issues in dementia care: making difficult decisions*. London: Jessica Kingsley Publishers.

Jelsma, J, Davids, N & Ferguson, G. 2011. The motor development of orphaned children with and without HIV: pilot exploration of foster care and residential placement. BMC Paediatrics. 11 November 2011, <http://www.biomedicalcentral.com/1471-2431/11/11/>: 1-7.

Johnson, H. 2005. *Literature review of foster care*. Tanzania: Mkombozi.

Jones, S & Joss, R. 1995. Models of professionalism, in *Learning and teaching in social work: towards reflective practice*, edited by M Yelloy and M Henkel. London: Jessica Kingsley Publishers.

Kates, A & Galbraith, JR. 2010. *Organisational design challenges resulting from big data*. 3rd edition. San Francisco, CA: Jossey-Bass.

Keddell, E. 2014. Current debates on variability in child welfare decision making: a selected literature review. *Journal of Social Science*, 3: 916-940.

Kelly, GG. 2016. *Conceptions of disability and desert in the South African welfare state: the case of disability grant assessment*. DPhil thesis, Cape Town, University of Cape Town.

Khoehler, DJ & Harvey, N. 2005. *The Blackwell handbook of judgment and decision making*. Oxford: Blackwell.

King, N, Horrocks, C & Brooks, J. 2019. *Interviews in qualitative research*. 2nd edition. Los Angeles: SAGE.

Kirkman, E & Melrose, K. 2014. *Clinical judgement and decision making in children's social work: an analysis of the "front door" system*. Research report. UK: Department of Education.

Klein, G. 2005. *Sources of power: how people make decisions*. Cambridge, MA: MIT Press.

Klein, WC & Bloom, M. 1995. Practice wisdom. *Social Work* 40:799-807.

Lichtman, M. 2014. *Qualitative research for the social sciences*. Los Angeles: Sage.

Lincoln, YS & Guba, EG. 2000. *Paradigmatic controversies, contradictions and emerging confluences in the handbook of qualitative research*, 2nd edition. CA: Sage.

Lindsey, D. 2004. *The welfare of children*. 2nd edition. New York: Oxford University Press.

Lipsky, M. 2010. *Street level bureaucracy: dilemmas of the individual in public services: 30th anniversary expanded edition*. New York: The Russell Sage Foundation.

Loseke, DR. 2017. *Methodological thinking. Basic principles of social research design*. 2nd edition. Los Angeles: Sage.

Luitgaarden, GMZ van de. 2009. Evidence based practice in social work: reasons from judgement and decision making theory. *British Journal of Social Work* 39(2):343-360.

Lunenberg, FC. 2010. The decision making process. *National Forum of Educational Administration and Supervision Journal* Vol.27/4: 1-48.

Magnusson, E & Marecek, J. 2015. *Doing interview based qualitative research. A learner's guide*. United Kingdom: Cambridge University Press.

Mampane, M & Ross, E. 2017. Beyond the silence: emotional experiences of adolescents in foster care. *Southern African Journal of Social Work and Development*. South Africa: Unisa Press.

Manukuza, KB. 2013. *Legal placement of orphaned children in related foster care: the perspectives of social workers*. MA (SW). Johannesburg: University of the Witwatersrand.

Marshall, C & Rossman, GB. 2016. *Designing qualitative research*. 6th edition. Los Angeles: Sage.

Marston, G & McDonald, C. 2012. Getting beyond "heroic agency" in conceptualising social workers as policy actors in the twenty first century. *British Journal of Social Work*: 1022-1038.

Martin, P & Mbambo, B. 2010. *Strategic review of UCARC'S volunteer child protection project*. Cape Town: Advocacy Aid.

Mason, J. 2002. *Qualitative researching*. 2nd edition. London: Sage Publications.

Mason, J. 2018. *Qualitative Researching*. 3rd edition. Los Angeles: Sage.

Matthews, B & Ross L. 2010. *Research methods. A practical guide for the social sciences*. England: Pearson Education Limited.

Mattison, M. 2000. *Ethical decision- making: the person in the process*. New York: Oxford University Press.

May, T. 2011. *Social research. Issues, methods and process*. 4th edition. New York: Open University Press.

McMillan, JH & Schumacher, S. 2001. *Research in education. A conceptual introduction*. 5th edition. New York: Longman.

Mehmet, M. 2005. *What the standards say about fostering*. Lyme Regis: Russell House Publishing.

Merriam, SB. 2009. *Qualitative research: a guide to design and implementation*. San Francisco: John Wiley & Sons.

Midgley, J. 2014. *Social development: theory and practice*. London: Sage Publications.

Milner, J & O'Byrne, P. 2009. *Assessment in social work*. 3rd edition. Basingstoke: Palgrave.

Minkhorst, AM, Witteman, CLM, Koopmans CA, Lohman, N & Knorth, EJ. 2014. Decision-making in Dutch Child Welfare: child's wishes about reunification after out of home placement. *British Journal of Social Work* 46:169-185.

Ministry of Social Welfare 1997. *Annual report 1997/8*. August 1998. Internal document.

Misyak, JB & Chater N. 2014. Virtual bargaining: a theory of social decision-making. *Philosophical Transaction of the Royal Society*, 368:201304487, <http://dx.doi.org/10.1098/rstb.2013.0487> (Accessed 30 November 2020).

Mnisi, R & Botha, P. 2016. Factors contributing to the breakdown of foster care placements. The perspectives of foster parents and adolescents Vol.52 (2) Stellenbosch <http://dx.doi.org/10.15270/52-2-502> (Accessed on 1 June 2019).

Monette, DR, Sullivan, T & De Jong, CR. 2011. *Applied social research: tool for human sciences*. 8th edition. CA: Harcourt Publishers.

Moore, TD, McDonald, TP & Cronbaugh-Auld, K.2016. Assessing risk of placement instability to aid foster care placement decision- making. *Journal of Public Child Welfare* Vol.10 (2): 117-131.

Morrison, T. 2009: *The role of scholar-facilitator in generating practice knowledge to inform and enhance the quality of relationship based social work practice with children and families*. DPhil thesis, UK, University of Huddersfield.

Morrow, LS. 2005. Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology* 52(2):250-260.

Munro, E. 1999. Common errors of reasoning in child protection work. *Child Abuse and Neglect* 23(8):745-758.

Munro, E. 2008. *Effective child protection*. 2nd edition. London: Sage.

Munro, E. 2009. Child welfare research; advances for practice and policy. Oxford Press Scholarship online.www.oxfordscholarship.com (Accessed on 18 November 2020).

Munro, E 2020. Decisions making under uncertain child protection: creating a just and caring culture. *Child and Family Social Work* 24(3). <http://DOI: 10.1111/CFS.12589> (Accessed on 18 November 2020).

Mutinta, G. 2013. *An introduction to qualitative research. Non- probability sampling methods*. Postgraduate Seminar, KZN, University of KwaZulu Natal.

National Association of Social Work. 1973. *Definition of social worker*. September 1973.USA. Internal document.

Neuman, WL.1997. *Social research methods. Qualitative and quantitative approaches*. 3rd edition. Boston, MA: Allyn and Bacon.

Ney, T, Stoltz, J & Maloney, M. 2013. Voice, power and discourse: experiences of participants of family group conferences in the context of child protection. *Journal of Social Work* 13(2): 184-202.

Ngwenya, P & Botha, P. 2012. The foster care backlog: a threat to the retention of social workers? *Social Work/ Maatskaplike Werk* 48 (2): 209-225.

Nordesjo, K. 2020. Framing standardisation: implementing a quality management system in relation to social work professionalism in social services, human service organisations. *Management, Leadership and Governance* 44(3):229-243.

Nyasani, E, Sterberg, E, & Smith, H. 2009. Fostering children affected by Aids in Richard Bay, South Africa, a qualitative study of grandparents' experiences. *African Journal of AIDS Research* 8(2):181-192.

Organisation for African Unity (OAU) 1990. *The African charter on the rights and welfare of the child*. Addis Abba: OAU.

O' Sullivan, T. 2011. *Decisions making in social work*. 2nd edition. NY: Palgarve Macmillan.

Palaganas, EC, Sanchez, M C, Molintas, MP & Caricativo, RD. 2017. Reflexivity in qualitative research: a journey of learning. *The Qualitative Report* 22(2): 426-438. Retrieved from <https://nsuworks.nova.edu/tqr/vol22/iss2/5> (Accessed 28 October 2020).

Pardeck, JT. 1982. *An exploration of factors associated with the stability of foster care*. Michigan: Saint Louis University.

Patel, L. 2015. *Social welfare social development in South Africa*. 2nd edition. Cape Town: Oxford University Press.

Patton, MQ. 2015. *Qualitative research and evaluation methods: integrating theory and practice*. 4th edition. Thousand Oaks: Sage.

Pawson, R, Boaz, A, Grayson, S, Long, A & Barnes, C. 2003. *Types and quality of knowledge in social care*. London: Social Care Institute for Excellence.

Payne, M. 2000. *Teamwork in multi-professional care*. Basingstoke: Macmillan.

Payne, M. 2005. *Modern social work theory*. 3rd edition. Basingstoke: Macmillan.

Perumal, N & Kasiram, M. 2008. Children's homes and foster care: challenges and dominant discourses in South African social work practice. *Social Work/Maatskaplike Werk* 44(2):159-169.

Pollack, S.2008. Labelling clients "risky": social work and the neo-liberal welfare state. *British Journal of Social Work Advance Access*. Published May 30, 2008. 10.1093/ bjsw /bcno79.

Prince, M. 2005. Research governance framework for health and social care. 2nd edition. <http://www.dh.gov.uk/publicationsand statistics> (Accessed on 10 August 2018).

Proctor, EL. [Sa]. *Decision- making in social work practice*. [SI]: [Sn].

Ragin, CC & Amoroso, LM. 2011. *Constructing social research*. 2nd edition. Los Angeles: Sage.

Reamer, FG. 1993. *Social work values and ethics*. New York: Columbia University Press.

Reamer, FG. 1994. *Social work malpractice and liability: strategies for prevention*. New York Columbia: University Press.

Reamer, FG. 2013. Ethics, in *Qualitative research in social work*, edited by AE Fortune, WJ Reid, & JR Miller. 2nd edition. New York: Columbia University Press.

Rochat, TJ, Mokomane, Z & Mitchell, J. 2016. Public perceptions, beliefs and experiences of fostering and adoption: a national qualitative study in South Africa. *Children and Society* Vol.30:120-131.

Rogowski, S. 2018. Neoliberalism and social work with children and families in the UK: ongoing challenges and critical possibilities. *Aoteroa New Zealand Social Work* Vol.30 (3): 72-83.

Rogowski, S. 2018. *The rise and fall of a profession*. UK: Policy Press.

Ross, E, Pretorius, E, Gerrand, P, Nathane-Taulela, M & Berhane, S. 2008. *Foster care among the partner organisations of the Nelson Mandela Children's Fund: the Impact of systemic structures, challenges and opportunities on the well-being of foster children*. Johannesburg: Department of Social Work, University of the Witwatersrand.

Roux, A, Bungane, X & Strydom, C. 2010. Circumstances of foster children and their foster parents affected by HIV and AIDS. *Social Work/Maatskaplike Werk* 46(1):44-56.

Rowe, M. 2012. Going back to the street: revisiting Lipsky's street level bureaucracy. *Teaching Public Administration* 30(1): 10-18.

Rubin, A & Babbie, E. 2011. *Research methods for social work*. 7th edition. United Kingdom: Brooks/Cole Cengage Learning.

Rule, P & John, V. 2017. *Your guide to case study research*. 4th edition. South Africa: Van Schaik Publishers.

Saldana, J & Omasta, M. 2018. *Qualitative research*. United Kingdom: Sage.

Saltiel, DML. 2014. *Knowledge production for decision- making in child protection social work*. DPhil thesis, UK, University of Leeds.

Sanchez-Gomez, M. 2012. *Child abuse in foster care: Risk factors*. Research proposal, California, Polytechnic State University.

Saraw, S. 2009. *Child protection: an ecological perspective to assessment and treatment*. DPhil thesis, Birmingham, University of Birmingham.

Schiller, U & de Wet, G. 2016. *Communication, indigenous culture and participatory decisions making amongst foster adolescents*. South Africa: Sage.

Schiller, U. 2015. Exploring adolescents' participation in decisions makings in related foster care placement in South Africa. *Work/Maatskaplike* Vol. 50(2): 12.

Scott D & Usher R. 1996. Introduction, in *Undertaking educational research*, edited by D Scott & R Usher. London: Routledge: 1-5.

Seden, J. 2008. Organisations and organisational change, in *The critical practitioner in social work and health care*, edited by S Fraser and S Matthews. London: Sage.

Seidman, I. 2006. *Interviewing as qualitative research. A guide for researchers in education and social sciences*. 3rd edition. New York: Teachers College Press.

Sharpe, R. 2014. *Together or apart? an analysis of social workers' decision- making when considering the placement of siblings for adoption or foster care*. DPhil thesis, UK, University of Birmingham.

Shaw, I & Holland, S. 2014. *Doing qualitative research in social work*. Los Angeles: SAGE.

Sheppard, M. 2006. *Social work and social exclusion: the idea of practice*. Aldershot: Ashgate.

Shenton, AK. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 22(2004):63-75.

Sibanda, S & Lombard, A. 2015. Challenges faced by social workers working in child protection services in implementing the Children's Act 38 of 2005. *Social Work/ Maatskaplike Werk* Vol.50 No.3: 332-351.

Silverman, D. 2017. *Doing qualitative research*. 5th Edition. London: Sage.

Sinclair, I. 2005. *Fostering now: messages from research*. London: Jessica Kingsley Publishers.

South Africa. Department of Social Welfare 1997. White Paper for Social Welfare: principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa (Government Notice R1108 of 1997). Government Gazette 386(18166), 8 August 1997.

South Africa. 1978. Social Services Professions Act No.118 of 1978. Pretoria: Government Printers.

South Africa (RSA). 1987. Child Care Act.No.74 of 1983. Pretoria: Government Printers.

South Africa (RSA). 1996. Constitution of the Republic of South Africa Act.No.108 of 1996. Pretoria: Government Printers.

South Africa (RSA). 1997. Welfare Laws Amendment Act.No.106 of 1997. Pretoria: Government Printers.

South African Council for Social Service Professions (SACSSP). 2002. Policy guidelines for code of conduct, code of ethics and the rules for social workers. Internal document.

South Africa (RSA). 2006. Social Assistance Act No.13 of 2004. Pretoria: Government Printers.

South Africa (RSA). 2006. Children's Act No. 38 of 2005. Pretoria: Government Printers.

South Africa (RSA). 2008. Regulations of Social Assistance Act No.13 of 2004, Government Gazette Number: *Regulation Gazette No. 8165. Vol. 476*. Pretoria: Government Printer.

South African Social Security Agency. 2010. Report to Heads of Social Development. December 2010. Internal document.

South African Social Security Agency. 2012. The re-registration of social grant beneficiaries. February 2012. Internal document.

South African Social Security Agency, Department of Social Development & UNICEF. 2012. Preventing exclusion from the Child Support Grant. A study of exclusion errors in accessing CSG benefits. Pretoria: UNICEF.

South Africa. Department of Social Development (DSD) 2012. White paper on families in South Africa. Republic of South Africa. October 2012. Pretoria: Department of Social Development.

South Africa (RSA). 2017. Children's Second Amendment Act, No.43 of 2016. Pretoria: Government Printers.

South Africa (RSA). 2017. Children's Second Amendment Act No.18 of 2016. Pretoria: Government Printers.

South Africa (RSA). 2020. Social Assistance Amendment Act No. B8-2018. Pretoria: Government Printers.

South Africa. Department of Social Development (DSD) 2020. Children's Amendment Bill, B18-2020. Government Gazette No. 43656. 26 August 2020. Pretoria: Government Printers.

South African Social Security Agency. 2017. Socpen report. Data on foster care. March 2017. Internal document.

South African Social Security Agency. 2018. Annual statistical report. March 2018. Internal document.

South African Social Security Agency. 2019. Socpen report on foster child grants per local office December 2019. Internal Document.

South African Social Security Agency SASSA. 2018. Annual statistical report. March 2018. Internal document.

South African Social Security Agency. 2020. August report on the payment of social grants. August 2020. Internal document.

South African Social Security Agency. 2020. Report on Foster Care. December 2020. Internal document.

South African Social Security Agency. 2020. Report on the types of foster care. June 2020. Internal document.

South African Social Security Agency. 2020. The Covid-19 implementation plan. April 2020. Internal document.

Spies, G, Delport, R & Roux, L. 2017. Safety and risk assessment tools for the South African child protection services: theory and practice. *Acta Criminologica: South African Journal of Criminology* 30(2): 166-127.

Stake, RE. [Sa]. Case Studies, *in What is a case? exploring the foundations of social inquiry*, edited by CC Ragin & HS Beckett. Cambridge: Cambridge University Press.

Stake, RE. 2006. *Multiple case study analysis*. New York: The Guildford Press.

Statistics South Africa (StatsSA). 2015. *Poverty*. Pretoria: StatsSA

Statistics South Africa (StatsSA). 2016. *General household survey 2015*. June 2015. Pretoria: StatsSA.

Statistics South Africa StatsSA 2020. Mid-year population estimated 2019. June 2020. Pretoria: StatsSA.

Statistics South Africa StatsSA 2020. National poverty Lines. Pretoria: StatsSA.

Storhaug, AS, Kojan, BH & Fjellvikas, G. 2018. Norwegian child welfare workers' perceptions of emergency placements. *Child and Family Social Work* (24):165-172.

Swaminathan, R & Mulvihill, TM. 2017. *Critical approaches to questions in qualitative research*. London: Routledge.

Taylor, A. 2007. *Decision- making in child and family social work: the impact of the assessment framework*. DPhil thesis, UK, University of Durham.

Taylor, B. 2012. Models for professional judgment in social work. *European Journal of Social Work* 15 (4):546-562.

Terre Blanche, MJ, Durrheim, K & Painter, D. 2014. *Research in practice: applied methods for the social sciences*. Cape Town: Juta.

Thomas, A & Mabusela, S. 1991. Foster care in Soweto, South Africa: under assault from a politically hostile environment. *Child Welfare* (2):121-130.

Thomas, G. 2011. *How to do your case study. A guide for students and researchers*. Los Angeles: Sage.

Thomaz, LT. 2019. *Understanding the legalities of foster care, children in need of care*. <https://boksburgadvertiser.co.za> (Accessed 12 October 2020).

Thompson, N. 1996. *People skills: a guide to effective practice in human services*. Basingstoke: Macmillan.

Thompson, N. 2020. *Understanding social work. Preparing for practice*. 5th edition. UK: Red Global Press.

Tolich, M. 2016. Contemporary ethical dilemmas in qualitative research in qualitative ethics in practice, edited by Martin Tolich. New York: Routledge.

Touhey FRJF. 2007. A matrix for ethical decision making in a pandemic. The Oregon tool for emergency preparedness. *Health Progress*, December 2007: 20-25.

Tupper, A, Broad, R, Emanuel, N, Hollingsworth, A, Hume, S, Larkin C, Ter Meer, J & Sanders, M. 2017. *Decisions making in children's social care-quantitative data analysis*. Research report. UK: Department of Education.

Uluta, A, Karabasevic, D, Popovic, G, Stanujkic, D, Nguyen, PT & Karaköy, C. 2020. Development of a novel integrated ccsd-itara-marcos decision-making approach for stackers selection in a logistics system. *Mathematics* 2020. <https://doi:10.3390/math8101672> (Accessed 20 November 2020).

UNICEF. 1990. *First call for children*. New York: UNICEF.

Van Niekerk, MP. 2009. *Principals' influences on teacher professional development for the integration of information and communication technologies in schools*. PhD thesis, Pretoria, University of Pretoria.

Vanderfaeillie, J, Dament, H, Pijnenburg, H, Bergh, P van den & Holen, FV. 2016. Foster care assessment: an exploratory study of the placement assessment process in Flanders and the Netherlands. *Child and Family Social Work* 2016: 358 – 368.

Virginia Department of Social Services. 2015. *Child and family services manual*. July 2015. USA: Internal document.

Vis, SA, Handegard, BH, Holtan, A, Fossum, S & Thornblad, R. 2014. Social functioning and mental health among children who have been living in kinship and non-kinship foster care: results from an 8 year follow up with a Norwegian sample. *Child and Family Social Work* (21):557-567.

Wahyuni, D. 2012. The research design maze. Understanding paradigms, cases, methods & methodologies. *Journal of Applied Management Accounting Research* Vol.10 (1):69-80.

Walker, S & Beckett, C.2010. *Social work assessment and interventions*. 2nd edition. Lyme Regis: Russell House Publishing.

Walliman, N. 2011. *Your research project*. 3rd edition. New Delhi: Sage.

Ward, H, Brown, R & Hyde-Dryden, R. 2014. *Assessing parental capacity to change when children are on edge of care: an overview of current evidence*. Research report. UK: Centre for Child and Family Research, Loughborough University.

World Bank, DPME, StatsSA & NDP 2030. 2018. *Overcoming poverty and inequality in South Africa. An assessment of drivers, constraints and opportunities*. Washington: World Bank.

Wulczyn, F, Daro, D, Fluke, J, Feldman, S, Glodek, C & Lifanda, K. 2020. *Adapting a systems approach to child protection: key concepts and consideration*. New York: UNICEF.

Yin, RK. 2009. *Case study research. Design and methods*. 4th edition. Los Angeles: Sage.

Yin, RK. 2011. *Qualitative research from the start to finish*. New York: Guilford Press.

Yin, RK. 2012. *Applications of case study research*. London: Sage.

Yin, RK. 2014. *Case study research. Design and methods*. 5th edition. USA: SAGE Publications, Inc.

Yin, RK. 2016. *Qualitative research from start to finish*. 2nd edition. USA: The Guilford Press.

Yin, RK. 2018. *Case study research and applications. Design and methods*. 6th edition. USA: The Guilford Press.

Zeijlmans, K, Lopez, M, Grietens, H & Knorth, EJ. 2018. Nothing goes as planned: practitioners reflect on matching children and foster families. *Child & Family Social Work* (23):458-465.

Zio, E & Pedroni, N. 2012. *Risk informed decision-making process*. France: Foundation for Industrial Safety Culture.

Zuravin, SJ & DePanfilis, D. 1997. Factors affecting foster care placement of children receiving protective services. *Social Work Research* 21(1):34-41.

ADDENDUM A: GUIDE FOR THE ANALYSIS OF CASE FILES

District		DSD		NGO:
NB: DSD- Social Development NGO- Non Government Organisation				
1. Referrals for Service				
1.1 How did the client approach the agency/office for service				
Self :	Children :	Other services specify:		
1.2 Date of first contact with agency/office?				
2. Assessment				
2.1 Intake				
2.1.1 Type of foster care placement: Kinship vs Non related				
2.1.2 Age/s of foster parents:				
2.1.3 Age of foster child/ren:				
2.1.4 Gender of the foster child/ren:				
2.1.5 Relationship between foster parent/s and child/ren:				
2.1.6 Is the placement existing or new?				
2.1.7. What tools were used during the intake process?				
2.1.8 Were the children involved during the intake process?				
2.1.9 What decisions were made?				
2.1.10 What were the decision - making processes? (How were decisions made?)				
2.1.11 What factors influenced the intake decisions?				
2.1.12 Can the decisions be described as analytic, intuitive or both (mixed)?				
2.2. Preventative services				
2.2.1 What tools were used during the preventative services rendered?				
2.2.2 What decisions were made?				
2.2.3 What were the decision-making processes?				
2.2.4 What factors influenced the preventative decisions?				
2.2.5 Can the decisions be described as analytic, intuitive or both (mixed)?				
2.3. Investigations				
2.3.1 What tools were used during the investigations?				
2.3.2 What decisions were made?				
2.3.3 What were the decision- making processes?				
2.3.4 What factors influenced the decisions made during the investigations?				
2.3.5 Can the decisions be described as analytic, intuitive or both (mixed)?				
2.4. Placement including court procedure				
2.4.1 What tools were used to determine placement?				
2.4.2 What decisions were made?				
2.4.3 What were the decision-making processes?				
2.4.4 What factors influenced the placement decisions?				
2.4.5 Can the decisions be described as analytic, intuitive or both (mixed)?				
3. Supervision (reconstruction, rehabilitation and reintegration)				
3.1 How was supervision of foster care defined?				
3.2 What tools were used to determine supervision services?				
3.3 What decisions were made?				
3.4 What were the decision-making processes?				
3.5 What factors influenced the supervision decisions?				
3.6 Can the decisions be described as analytic, intuitive or both (mixed)?				
4. Where there any other processes in the continuum of services?				
5. Where there any other decision makers apart from social worker and supervisor?				
6. Were there other factors that influenced the decision making processes? Environmental, organisational, systematic, policies, court, legal etc.				

ADDENDUM B: INTERVIEW QUESTIONNAIRE FOR THE SOCIAL WORKER

Date of Interview:				
District		DSD		NGO:
District				
Explain to the social worker that the goal of the interview is to get more information or a deeper understanding about the decision-making processes they were involved in and the factors which influenced these decisions.				
1. Experience				
How many years of experience do you have as a social worker?				
How long have you been working within the field of foster care?				
2. Education and training				
What are your qualifications?				
Are you pursuing a post-graduate qualification?				
Do you receive post-university training in the post? What sort of training and how often?				
3. How is the foster care services structured in this office?				
Focus on case file				
4. Assessment				
4.1 Intake				
Mention the intake decisions, decision-making processes (how decisions were made) and factors influencing decision making picked up in the file.				
Can you elaborate more on the processes you used at intake?				
Can you elaborate more on the tools you used during intake?				
Can you elaborate more on the main decisions made during intake?				
What factors would you say influenced the respective decisions?				
Were other professionals involved in the decision - making process e.g. supervisor, psychologist, case conferencing, panels? What would you say were their role in decision making?				
Would you describe the decisions as analytical, intuitive or both (mixed)?				
4.2 Preventive service				
Mention the preventive decisions, decision-making processes (how decisions were made) and factors influencing decisions picked up in the file.				
Can you elaborate more on the processes you used to make the decision?				
Can you elaborate more on the tools you used during preventive services?				
Can you elaborate more on the main decisions made during preventive services?				
What factors would you say influenced the respective decisions?				
Were other professionals involved in the decision making process e.g. supervisor, psychologist, case conferencing, panels? What would you say were their role in decision-making?				
Would you describe the decisions as analytical, intuitive or both (mixed)?				
4.3 Investigations				
Mention the decisions, decision-making processes (how decisions were made) and factors influencing decisions made during the investigation phase picked up in the file.				
Can you elaborate more on the processes you used to make the decisions?				
Can you elaborate more on the tools you used during the investigations?				
Can you elaborate more on the main decisions made during the investigations?				
What factors would you say influenced the respective decisions?				
Were other professionals involved in the decision - making process e.g. supervisor, psychologist, case conferencing, panels? What would you say were their role in decision making?				
Would you describe the decisions as analytical, intuitive or both (mixed)?				
5. Placement including court procedures				

Mention the placement decisions, decision-making processes (how decisions were made) and factors influencing the decisions during picked up in the file.
Can you elaborate more on the processes you used to make placement decisions?
Can you elaborate more on the tools you used during the placement phase?
Can you elaborate more on the main decisions made during placement?
What factors would you say influenced the respective decisions?
Were other professionals involved in the decision-making process e.g. supervisor, psychologist, case conferencing, panels? What would you say were their role in decision making?
Would you describe the decisions as analytical, intuitive or both (mixed)?
6.Supervision
Mention the supervision decisions, decision-making processes (how decisions were made) and factors influencing the decisions picked up in the file.
How would you define supervision in foster care?
Can you elaborate more on the processes you use to make supervision decisions?
Can you elaborate more on the tools you used during supervision decisions?
Can you elaborate more on the main decisions made during supervision?
What factors would you say guided the respective decisions?
Were other professionals involved in the decision-making process e.g. supervisor, psychologist, case conferencing, panels? What would you say were their role in decision making?
Would you describe the decisions as analytical, intuitive or both (mixed)?
7. What other factors influenced decisions, and how? (Environmental, organisational, policy, courts, legislation, etc.)
8. If a decision- making matrix was to be developed, what would you like to include in the matrix to help guide decision making?
9. Any other comments or issues you wish to make.

ADDENDUM C: INTERVIEW GUIDE FOR THE SUPERVISOR

Date of the interview:			
District		DSD	NGO:
Supervisor:			
1. Experience			
How many years of experience do you have as a supervisor?			
How long have you been working within the field of foster care?			
2. Education and training			
What is your qualifications?			
Are you pursuing a post-graduate qualification?			
Do you receive post-university training in the post? What sort of training and how often?			
3. How is foster care services structured in your office?			
4. What does social worker supervision include and how often are social workers supervised?			
5 Assessment			
5.1 Intake			
Mention the intake decisions, decision-making processes (how decisions were made) and factors influencing decision making, picked up in the file.			
Can you elaborate more on the processes used to make the decisions?			
Can you elaborate more on the tools used during intake?			
Can you elaborate more on the main decisions made during intake?			
What factors would you say influenced the respective decisions?			
Were you as a supervisor involved in the intake decisions? If so, how?			
Were other professionals involved in the decision-making process e.g psychologist, case conferencing, panels? What would you say were their role in decision making?			
Would you describe the decisions made as analytical, intuitive or both (mixed)?			
5.2 Preventive service			
Mention the preventive decisions, decision-making processes (how decisions were made) and factors influencing decisions picked up in the file.			
Can you elaborate more on the processes used to make the decisions?			
Can you elaborate more on the tools used during preventive services?			
Can you elaborate more on the main decisions made during preventive services?			
What factors would you say influenced the respective decisions?			
Were you as a supervisor involved in the preventative decisions? If so, how?			
Were other professionals involved in the decision-making process e.g psychologist, case conferencing, panels? What would you say were their role in decision making?			
Would you describe the decisions made as analytical, intuitive or both (mixed)?			
5.3 Investigations			
Mention the decisions, decision-making processes (how decisions were made) and factors influencing decisions made during the investigation phase picked up in the file.			
Can you elaborate more on the processes used to make the decisions?			
Can you elaborate more on the tools used during the investigations?			
Can you elaborate more on the main decisions made during the investigations?			
What factors would you say influence the respective decisions?			
Were you as a supervisor involved in the decisions made during investigations? If so, how?			
Were other professionals involved in the decision-making process e.g. psychologist, case conferencing, panels? What would you say were their role in decision making?			
Would you describe the decisions made as analytical, intuitive or both (mixed)?			

6. Placement including court procedures
Mention the placement decisions, decision-making processes (how decisions were made) and factors influencing the decisions during picked up in the file.
Can you elaborate more on the processes you use to make the decisions?
Can you elaborate more on the tools used during placement decisions?
Can you elaborate more on the main decisions made during placement?
What factors would you say influenced the respective decisions?
Were you as a supervisor involved in the decisions made during placement? If so, how?
Were other professionals involved in the decision- making process e.g. psychologist, case conferencing, panels? What would you say were their role in decision making?
Would you describe the decisions made as analytical, intuitive or both (mixed)?
7. Supervision
Mention the supervision decisions, decision-making processes (how decisions were made) and factors influencing the decisions picked up in the file.
How would you define supervision in foster care?
Can you elaborate more on the processes used to make the supervision decisions?
Can you elaborate more on the tools used during supervision decisions?
Can you elaborate more on the main decisions made during supervision?
What factors would you say guided the respective decisions?
Were you as a supervisor involved in the decisions made during supervision? If so, how?
Were other professionals involved in the decision- making process e.g. psychologist, case conferencing, panels? What would you say were their role in decision making?
Would you describe the decisions made as analytical, intuitive or both (mixed)?
8. What other factors influence decisions, and how? (Environmental, organisational, policy, courts, legislation, etc.)
9. If a decision- making matrix was to be developed, what would you like to include in the matrix to guide decision making?
10. Any other comments or issues you wish to mention?

ADDENDUM D: DEPARTMENT OF SOCIAL DEVELOPMENT: REQUESTING PERMISSION TO CONDUCT THE STUDY

The Head: Department of Social Development

Private Bag

Johannesburg

Date:

Thembeni.Mhlongo@gauteng.gov.za

Dear Ms Thembeni Mhlongo

Re: Request for consent to conduct study - Factors influencing the decision-making processes of social workers rendering foster care services: a decision-making matrix as a guideline for social workers.

I, Miss P. Naicker am a doctoral student with the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa and in fulfilment of the requirement for this degree I have to undertake a research project. The aim of the study is to explore and describe the factors influencing the decision-making process of social workers rendering foster care services and to develop a decision-making matrix to guide their decisions. Your Department has been selected for participation because it is the primary provider of foster care services in Gauteng. The study will assist policy makers in being more aware of factors that influence the decisions of social workers at the local level and advocate for resources that respond to the demand. The decision-making matrix could be used by both the non-government and the government sectors that would result in more uniformity, transparency and greater predictability of decisions in the rendering of foster care services.

I kindly request the support and the permission of the Provincial Department of Social Development to undertake this study in the Gauteng Province because your Department is the primary provider of foster care services in Gauteng Province. The sample will initially commence with one social worker and their supervisor being purposively selected from one local office in each of the five districts of the Department of Social Development. The sample will be expanded to more local DSD offices until data saturation is achieved. I hereby request you to assist with the selection of the districts ranging from the those with the highest number of foster care cases to the lowest, and for the district manager to select a local office in in his\her district with the highest number of foster care cases and the office manager of the local office to purposively select a social worker and supervisor according to the criteria listed below, to participate in the study. This process will be conducted for each district until data saturation is achieved. It may continue for a second local office per district and participants should the data collection not be saturated. A case file, selected independently by the participating social worker will be analysed to shed light on the factors influencing decision-making; after which interviews will be conducted separately with

the participant social worker and supervisor. Permission will also be required from the client whose file will be involved in the research. The only risk to participants is that social workers might feel uncomfortable that decisions made on foster care services rendered are being investigated. It will be clearly explained to them that the focus of the study is not to assess them, but to understand the factors influencing the decisions and to develop a decision-making matrix to guide decision-making in this regard. It will be stressed that information read in case files will be kept confidential. Should the recall of experiences when working with the client whose file will be analysed, cause emotional upset, a counselling session could be arranged with a debriefer, already on standby.

I will hereby give my utmost commitment and will do so in writing that the content of the files and interviews with the participants will remain confidential at all times. The criteria for the selection of the case file, social workers and the supervisors are as follows:

Selection criteria for the case file

- It must be an active file.
- The foster care processes must be complete with respect to assessment and placement with supervision on going.
- It must be a file that the participant social worker worked on.
- Recordings in file must be complete and up to date.

Exclusion criteria for case file

- Non active file.
- File with incomplete assessment and placement.
- File not of the participant social worker.
- Recordings in the file are incomplete.

Inclusion criteria for social workers

- Social workers with at least two years practice experience in foster care services. Social workers with two or more years' experience would be included because it takes at least two years to render full continuum of foster care services and the social worker must have worked on a sufficient number of cases for experience.
- Social workers from all genders.
- Social workers from all races.
- Social workers who are willing to participate.

Exclusion criteria for social workers

- Social workers with less than two years practice experience in foster care services.
- Social workers who are under any form of misconduct investigation.
- Social workers who are on long-term leave.

Inclusion criteria for supervisors

- Supervisors who played a significant role in the supervision of the cases selected.
- Supervisors must be willing to participate.
- Supervisors of the social workers who are participants in the sample.

Exclusion criteria for supervisors

- Supervisors who did not supervise the case selected.
- Supervisors who are under any form of misconduct investigation.
- Supervisors who are on long-term leave.

The case file will be analysed and the interviews will be conducted at your offices to ensure confidentiality and convenience.

Attached please find the guidelines for the case file analysis and the interview schedules for the social workers and supervisors.

Once the study is completed, I am willing to share the results with your Department.

Your kind support will be deeply appreciated.

Kind Regards

Miss P. Naicker

ADDENDUM E: PRIVATE WELFARE ORGANISATION: REQUESTING PERMISSION TO CONDUCT THE STUDY

Director: Tshwane Child Welfare Society

Tshwane

Ms Linda Nel: Linda@Childwelfare.co.za

Date: 30 April 2019

Dear Madam,

Re: Request for consent to conduct study - Factors influencing the decision-making processes of social workers rendering foster care services: a decision-making matrix as a guideline for social workers.

I, Miss P. Naicker am a doctoral student with the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa and in fulfilment of the requirement for this degree I have to undertake a research project. The aim of the study is to explore and describe factors influencing the decision-making processes of social workers rendering foster care services and to develop a decision-making matrix to guide their decisions. Your Child Welfare Society has been selected for participation in this study because it provides foster care services in the Tshwane District. The study will assist policy makers in being more aware of factors that influence the decisions of social workers at the local level and advocate for resources that respond to the demand. The decision-making matrix could be used by both the non-government and the government sectors that would result in more uniformity, transparency and greater predictability of decisions in the rendering of foster care services. The only risk to participants is that social workers might feel uncomfortable that their decisions made on the foster care services rendered is being investigated. It will be clearly explained to them that the focus of the study is not to assess them, but to understand the factors influencing the decisions-making process and to develop a decision-making matrix to guide decisions made in this regard. It will be stressed that information read in case files will be kept confidential. Should the recall of experiences when working with the client whose file will be analysed, cause emotional upset, a counselling session could be arranged with a debriefer, already on standby.

I kindly request the participation of your organisation in this study. The sample will initially commence with one social worker and their supervisor being purposively selected from a Child Welfare Society in each of the five districts in Gauteng. The sample may be expanded to more cases per Society until data saturation is achieved. I hereby request you as Director/Manager to purposively select one social worker and his/her supervisor according to the criteria listed below. A case file, selected independently by the participating social worker according to the criteria stipulated below, will be analysed to shed light on the factors influencing decision-making; after which interviews will be conducted separately, one with the participant social worker and the other with the supervisor. Permission must be obtained from the client whose file will be involved in the research. The criteria for the selection of the case file, social worker and the supervisor are as follows:

Selection criteria for the case file

- It must be an active file.
- The foster care processes must be complete with respect to assessment and placement with supervision on going.
- It must be a file that the participant social worker worked on.
- Recordings in file must be complete and up to date.

Exclusion criteria for case file

- Non active file.
- File with incomplete assessment and placement.
- File not of the participant social worker.
- Recordings in the file are incomplete.

Inclusion criteria for social workers

- Social workers with at least two years practice experience in foster care services. Social workers with two or more years' experience would be included because it takes at least two years to render full continuum of foster care services and the social worker must have worked on a sufficient number of cases for experience.
- Social workers from all genders.
- Social workers from all races.
- Social workers who are willing to participate.

Exclusion criteria for social workers

- Social workers with less than two years practice experience in foster care services.
- Social workers who are under any form of misconduct investigation.
- Social workers who are on long-term leave.

Inclusion criteria for supervisors

- Supervisors who played a significant role in the supervision of the cases selected.
- Supervisors must be willing to participate.
- Supervisors of the social workers who are participants in the sample.

Exclusion criteria for supervisors

- Supervisors who did not supervise the case selected.
- Supervisors who are under any form of misconduct investigation.
- Supervisors who are on long-term leave.

The case file will be analysed and the interviews will be conducted at your offices to ensure confidentiality and convenience.

I appreciate your assistance in terms of selecting participants in this study. Attached please find the guidelines for the case file analysis and the interview schedules for the social workers and supervisors. Once the study is completed, I am willing to share the results with your organisation.

Your kind support will be deeply appreciated.

Kind Regards

Ms P. Naicker

ADDENDUM F: PARTICIPANT INFORMATION SHEET

Ethics clearance reference number:

Research permission reference number (if applicable):

Date:

Title: Request for consent to conduct study: **Factors influencing the decision-making processes of social workers rendering foster care services: a decision-making matrix as a guideline for social workers.**

Dear Prospective Participant

My name is Pathamavathy Naicker (Pat) a student researcher and I am doing research with Prof. P. Botha, a Professor, in the Department of Social Work towards the Doctor of Social Work degree at the University of South Africa. We are inviting you to participate in a study titled “Factors influencing the decision-making processes of social workers rendering foster care services: a decision-making matrix as a guideline for social workers”.

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to identify the factors that influence the decision- making process of social workers rendering foster care services and developing a decision- making matrix to guide decision-making towards standardisation and uniformity. This study will enable social policy makers, practitioners and concerned citizens to develop more insight into foster care services and motivate for social policy development, resources and legislative changes to improve practice and foster care services.

WHY AM I BEING INVITED TO PARTICIPATE?

Your Department/Welfare organisation was selected for participation in this study because it provides foster care services in the relevant district. The study will assist policy makers in being more aware of factors that influence the decisions of social workers at the local level and advocate for resources that respond to the demand. The decision- making matrix that will be developed could be used by both the non-government and the government sectors for more uniformity, transparency and greater predictability of decisions in rendering of foster care services. The only risk to participants is that you might feel uncomfortable that your decisions made on foster care services rendered are investigated. The focus of the study is not to assess the quality of your decisions but to understand the factors that influenced the decisions and to develop a decision- making matrix to guide decision-making in this regard. It must be stressed that information read in case files will be kept confidential. Should the recall of experiences when working with the client whose file will be analysed cause any emotional upset, a counselling session could be arranged with a debriefer, already on standby. The participants for this study are purposively selected based on the years of experience in rendering foster care services

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

I would require a case file where a full continuum of foster care services from the identification of the foster child to placement and supervision of the foster care placement was rendered. The permission of the client must be obtained for access to the file. A letter confirming consent is attached. Refer to Addendum I. I will conduct an analysis of the factors that influenced the decisions you made at each stage in the continuum of services rendered and undertake a semi-structured interview with yourself to gain more insights into the decision-making processes. You will be asked the following questions:

INTERVIEW GUIDE FOR THE SOCIAL WORKER

District		DSD		NGO:
Social Worker	codes	Supervisor	codes	File No: code
Explain to the social worker that the goal of the interview is to get more information or a deeper understanding about the decision-making processes they were involved in and the factors which influenced these decisions				
1. Experience				
How many years of experience do you have as a social worker?				
How long have you been working within the field of foster care?				
2. Education and training				
What is your qualifications?				
Are you pursuing a post-graduate qualification?				
Do you receive post-university training in the post? What sort of training and how often?				
2. Focus on case file				
Take me through the case and tell me at each point where decisions were made, how the decisions were made? (Analytic vs Intuitive vs Mixed Approach)				
If analytical, what guided the decision-making process? (Probe to determine what guides analytical processing e.g. tools, risk assessments processes, guidelines, theory)				
If intuitive what guided the decision-making process? (Probe to determine the intuitive processing)				
What were the factors that influenced the decisions and how did they influence the decisions? (Analytic vs Intuitive vs Mixed Approach)				
3. Role and support of colleagues in decision-making				
Do colleagues guide, support and influence decision-making?				
If yes, how? (Analytic vs Intuitive vs Mixed Approach)				
4. Role of the supervisor in the decision-making process?				
How is the supervisor involved? Formal, Informal?				
How does the supervision input into the decision? (Analytical or intuitive vs Mixed Approach)				
5. What other factors influence decisions, and how? (Environmental, organisational, policy, courts, policy, legislation, etc.)				
6. If a decision- making matrix was to be developed, what would you like to include?				
7. Any other comments or issues you wish to mention?				

The interview will be audio recorded. It is anticipated that the interview should be 2 hours. However should it take longer, we could reschedule another session to complete it if you are time constrained. The case file will be analysed and the interviews will be conducted at your offices to ensure confidentiality and convenience.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason prior to the interview. The information provided is confidential and your privacy will be protected by referring to the information using codes and pseudonyms.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The study will highlight the decision-making processes around foster care and factors that influence decisions. More understanding into the complexities of rendering foster care services will be gained. The challenges will be identified in context and thus the motivation for more resources to improve practice and services will be easier. It will assist policy makers to draft more user-friendly policies and legislation to guide practice. The decision-making matrix will assist practitioners to frame decisions that allow for standardisation and uniformity in practice. This study will be the first study that tracks the decisions made along the whole continuum of services rendered in foster care.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

At this stage, I do not anticipate any negative consequences. The one that I foresee is that you may recall experiences on a case and in the event of any discomfort being experienced thereof, provision will be made for referral to counselling.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Your name will not be recorded anywhere and no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. No one should be able to connect you with regards to the answers you give. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. I am the only person who will be the custodian of the raw data collected. Your answers may be reviewed by people responsible for making sure that research is done properly namely the members of the Research Ethics Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records. The data collected may be used for other purposes, such as a research report, journal articles and/or conference proceedings but the identity of the research participants will remain anonymous. The privacy of the participants will be protected in any publication of the information and individual participants will not be identified in any publication.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

The data sheets will be converted to PDF's and stored electronically where the information will be stored on a password-protected computer. The hard copies will be shredded and burnt. After five years, the electronic storage file with the data will be permanently deleted.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

Your participation is voluntary and there is no incentive for participation.

HAS THE STUDY RECEIVED ETHICS APPROVAL

Please note that this study has been approved by the Social Work Research Ethics Committee of (SWREC) as well as the College Research Ethics Committee (CREC) of the College of Human Sciences of Unisa. Without the approval of these committees, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. Her contact details are as follows: Dr Kgadima telephone number: 012 429 6739, or email kgadinp@unisa.ac.za.

If, after you have consulted the researcher and the SWREC, their answers have not satisfied you, you might direct your questions/concerns/queries to the Chairperson, Human Ethics Committee⁵, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions. You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact me on 082 495 5455.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings or require any further information or want to contact the researcher about any aspect of this study, please contact Ms P. Naicker on 082 495 5455. My email address is PatNa@sassa.gov.za. Should you have concerns about the way in which the research has been conducted, you may contact the supervisor Prof. P. Botha on 012-4296274 or email at Botha p-@unisa.ac.za or contact the research ethics chairperson Dr Kgadima, telephone number: 012 429 6739, or email Kgadinp@unisa.ac.za. Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

Ms P. Naicker

ADDENDUM G: CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the information by tape recorder.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname: Ms Pathamavathy Naicker

Researcher's signature.....Date.....

ADDENDUM H: CLIENT INFORMATION SHEET AND CONSENT FORM FOR ACCESS TO CASE FILE

Ethics clearance reference number:

Research permission reference number (if applicable):

Date:

Title: Factors influencing the decision-making processes of social workers rendering foster care services: a decision-making matrix as a guideline for social workers.

Dear Mr/Mrs.....

My name is Pathamavathy Naicker (Pat) a student researcher and I am doing research with Prof. P. Botha, a Professor, in the Department of Social Work towards a Doctor of Social Work degree at the University of South Africa. We are inviting you to participate in a study titled "Factors influencing the decision-making processes of social workers rendering foster care services: a decision-making matrix as a guideline for social workers".

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to understand the factors that influence the decision-making process of social workers rendering foster care services and developing a decision-making matrix to guide decision-making towards standardisation and uniformity. This study will enable social policy makers, practitioners and concerned citizens develop more insight into foster care services and motivate for social policy development, resources and legislative changes to improve practice and foster care services

WHY AM I BEING CONSULTED?

The Department/Welfare organisation at which you were receiving services was selected for participation in this study because it provides foster care services in the relevant district. The study will assist policy makers in being more aware of factors that influence the decisions of social workers at the local level and advocate for resources that respond to the demand. The decision-making matrix that will be developed could be used by both the non-government and the government sectors for more uniformity, transparency and greater predictability of decisions in rendering of

foster care services. It must be stressed that information read in case files will be kept confidential. No personal or identifying information of yourself or your family is required for this study, only the professional decisions of the social worker and their supervisor.

WHAT IS REQUIRED FROM ME?

I do not require anything from you except your consent to have access to your case file. Please also discuss the request with the relevant foster child as we also need his/her consent to access the file.

CAN I WITHDRAW MY CONSENT

You can withdraw your consent but before the case file has been analysed.

WHAT ARE THE POTENTIAL BENEFITS OF MY CONSENT?

The study will highlight the factors that influence decisions and thus more understanding into the complexities of rendering foster care services will be gained. The challenges will be identified in context and thus the motivation for more resources to improve practice and services would be easier. It will assist policy makers to draft more user friendly policies and legislation to guide practice. The decision- making matrix will assist practitioners to frame decisions that allows for standardisation and uniformity in practice. This study will be the first study that tracks the decisions made along the whole continuum of services rendered in foster care.

ARE THEIR ANY NEGATIVE CONSEQUENCES FOR MY CONSENT?

At this stage, I do not anticipate any negative consequences for yourself or your family.

WILL THE INFORMATION MY IDENTITY BE KEPT CONFIDENTIAL?

Your personal information is not required for this study. No one should be able to connect you with regards to the answers you give. I am the only person who will be the custodian of the raw data collected. The data collected may be used for other purposes, such as a research report, journal articles and/or conference proceedings but the identity of the research participants will remain anonymous. The privacy of the participants will be protected in any publication of the information and individual participants will not be identified in any publication.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

The data sheets will be converted to PDF's and stored electronically where the information will be stored on a password protected computer. The hard copies will be shredded and burnt. After five years, the electronic storage file with the data will be permanently deleted.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR MY CONSENT?

Your participation is entirely voluntary and there is no incentive for participation.

Please note that this study has been approved by the Social Work Research Ethics Committee of (SWREC) as well as the College Research Ethics Committee (CREC) of the College of Human Sciences of Unisa. Without the approval of these committees, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. Her contact details are as follows: Dr Kgadima, telephone number: 012 429 6739, or email Kgadinp@unisa.ac.za.

If, after you have consulted the researcher and the SWREC, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee⁵, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions. You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact me on 082 495 5455.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings or require any further information or want to contact the researcher about any aspect of this study, please contact M P. Naicker on 082 495 5455. My email address is PatNa@sassa.gov.za. Should you have concerns about the way in which the research has been conducted, you may contact the supervisor Prof. P. Botha on 012 429 6274 or email her

Bothap@unisa.ac.za or contact the research ethics chairperson Dr Kgadima, telephone number: 012 429 6739, or email Kgadinp@unisa.ac.za. T

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.

Ms P. Naicker

I, Mr/Mrs.....duly consent for Miss Pathamavathy Naicker to have access to my case file No.....atfor the purposes of her research.

Signed aton the.....

Signature:.....

Witness:.....

ADDENDUM I: CHILD CONSENT AND ACCENT TO PARTICIPATE IN THIS STUDY

This form will be applicable to the children in foster care whose files will be consulted.

I, _____ (participant name), confirm that the person asking my accent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed accent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname:

Researcher's signature:

ADDENDUM J: LETTER FROM THE DEBRIEFER

The Supervisor
Department of Social Pretoria
University of South Africa
Pretoria

Date:

Re: Approval to be the Debriefers in this Study by Miss P. Naicker

I, Ms N Khoza am employed by the South Africa Social Security Agency and is a colleague of Miss Naicker have been fully briefed about this study and am familiar with the study area. I hereby give my consent to be a de-briefer for this study.

Kind Regards



x
Signature

NN Khoza

x
Name

03/20/19

x
Date

**ADDENDUM K: LETTER TO INDEPENDENT CODER: AFFIDAVIT OF
CONFIDENTIALITY AND PROTECTION OF INFORMATION**

Name: Prof. Margaret Grobbelaar.....

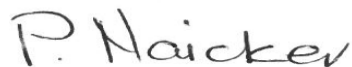
Address: 11 Die Popstal, 589 Opstel, the Willow, Pretoria

Email: mwmrg@iafrica.com

Re: Appointment as Independent Coder

Your quote for the independent coding of the data for the study decision-making process by social workers rendering foster care services was accepted. However before your services can be confirmed you are required to submit an affidavit stating that the information entrusted to you will be kept confidential and in terms of the Protection of Information Act not be disclosed to any person or party other than the researcher Miss P. Naicker or her supervisor Prof. P. Botha. Kindly note that the affidavit must be duly commissioned.

Kind Regards

A handwritten signature in black ink that reads "P. Naicker". The signature is written in a cursive, slightly slanted style.

Miss P. Naicker

**ADDENDUM L: LETTER TO INDEPENDENT TRANSCRIBER: AFFIDAVIT OF
CONFIDENTIALITY AND PROTECTION OF INFORMATION**

Name: Ms M Cassiem.....

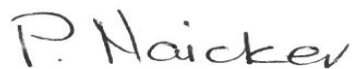
Address: Flat 505 Pretorius Street, Pretoria

Email: Melaikaone@yahoo.com.....

Re: Appointment as Independent Transcriber

Your quote for the independent transcribing of the data for the study decision-making process by social workers rendering foster care services was accepted. However before your services can be confirmed you are required to submit an affidavit stating that the information entrusted to you will be kept confidential and in terms of the Protection of Information Act not be disclosed to any person or party other than the researcher Miss P. Naicker or her supervisor Prof. P. Botha. Kindly note that the affidavit must be duly commissioned.

Kind Regards

A handwritten signature in black ink that reads "P. Naicker". The signature is written in a cursive, slightly slanted style.

Miss P. Naicker

ADDENDUM M: APPROVAL LETTER FROM DSD



Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 01/05/19

Dear P Naicker

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on *"Factors Influencing the Decision-Making Process of Social Workers Rendering Foster Care Services: a decision-making matrix to guide social workers"* has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 05th May 2019.

May I take this opportunity to wish you well on the journey you are about to embark on.

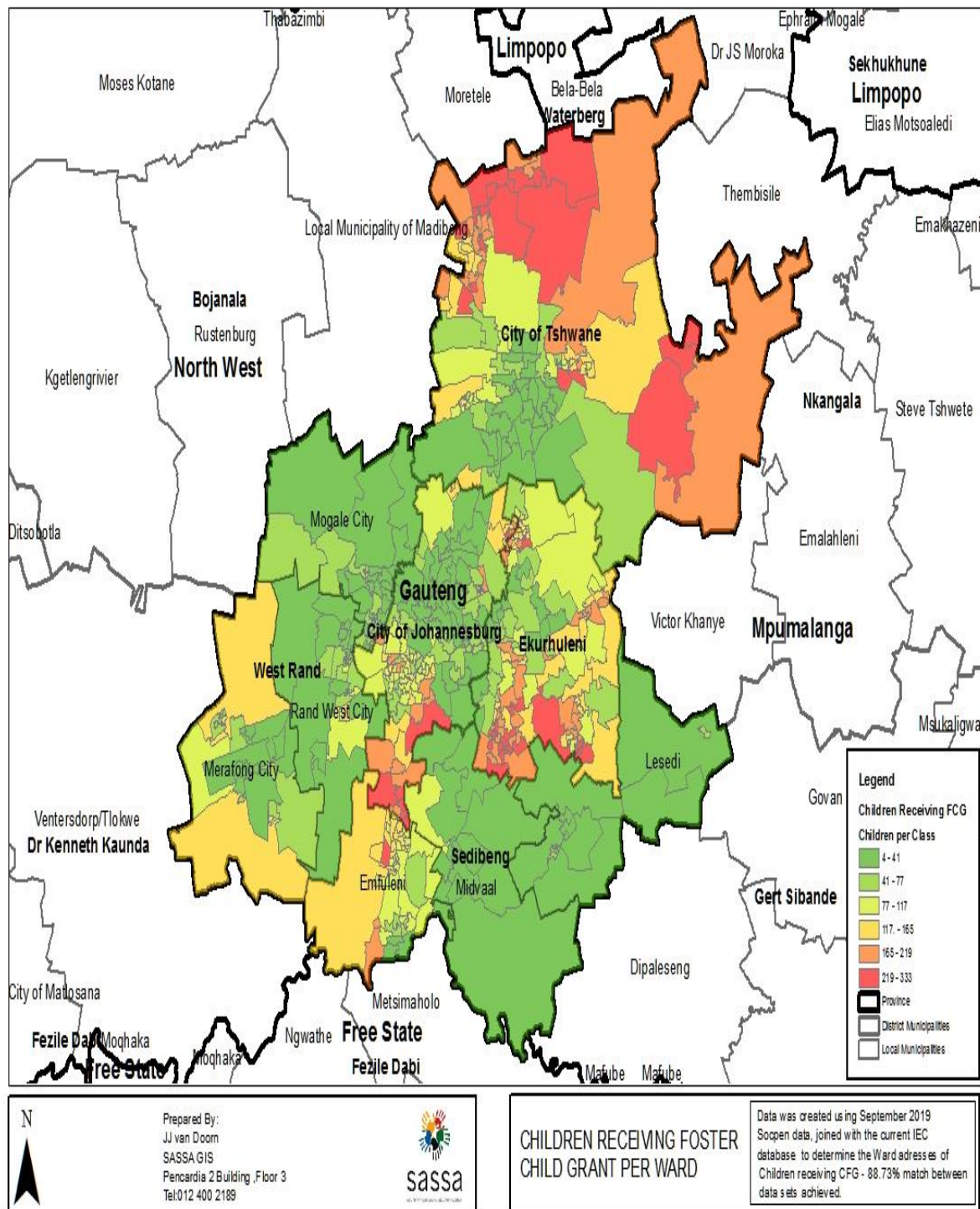
We look forward to a value adding research and a fruitful co-operation.

With thanks

A handwritten signature in black ink, appearing to read "Amanda Hartmann".

Ms Amanda Hartmann
Deputy Director General: Support Services
Date: 2019/05/10

ADDENDUM N: DISTRIBUTION OF FOSTER CHILDREN IN GAUTENG AS AT THE END OF SEPTEMBER 2019



**ADDENDUM O: THE NUMBER OF FOSTER CARE CASES PER LOCAL OFFICE
PER REGION IN GAUTENG**

Johannesburg District				
	Local Offices	2017	2018	2019
	Alexandra Local Office	8 036	7 771	7 915
	Midrand Local Office	17 542	15 987	16 210
	Soweto Local Office	14 537	14 032	14 683
	Johannesburg Local Office	11 800	12 878	13 879
	Orange Farm Local Office	7 933	9 124	10 816
	Springs Local Office	15 871	11 934	10 566
	Dobsonville (Satellite of the Springs Office)	4 493	4 790	5 273
	Lenasia Local Office	10 435	9 110	9 103
	Chiawelo Local Office	6 135	5 181	4 566
	Eldorado Park Local Office	3 456	3 920	4 527
	Ennerdale Local Office	3 378	3 466	3 736
	Orlando Local Office	1 477	2 678	3 703
	Total	105 093	100 871	104 977
Ekurhuleni District				
2	Thokoza Local Office	31 378	27 881	26 682
2	Vosloorus Local Office	18 575	20 522	22 910
2	Benoni Local Office	25 808	23 519	22 639
2	Germiston Local Office	25 459	22 509	22 083
2	Thembisa Local Office	16 145	17 903	20 206
2	Tsakane Satellite office of Thokoza	11 239	10 201	10 100
2	Kwa Thema Local Office	6 181	5 865	6 180
	Total	134 785	128 400	130 800
Tshwane District				
3	Soshanguve Local Office	29 066	26 502	26 836
3	Pretoria Local Office	19 030	18 951	19 989
3	Moretele/Temba Local Office	21 442	19 530	19 403
3	Mamelodi Local Office	18 910	17 735	18 543
3	Ga-Rankuwa Local Office	20 172	17 498	16 588
3	Bronkhorstspuit Local Office	7 433	7 385	7 801
3	Ekgangala Local Office	3 868	3 577	3 755
	Total	119 921	111 178	112 915
Rand West				
4	Bekkersdal Local Office	5 293	5 040	7 915
4	Randfontein Local Office	6 259	6 151	6 636
4	Roodeport Local Office	6 377	6 058	6 625
4	Kagiso Local Office	5 764	5 781	6 233
4	Krugersdorp Local Office	5 775	5 361	6 034
4	Khutsong Local Office	6 707	5 872	5 991
4	Fochville Local Office	3 873	4 285	4 556

4	Carletonville Local Office	2 216	2 708	3 577
	Total	42 264	41 256	47 567
Sedibeng District				
5	Sebokeng Local Office	26 609	24 827	25 903
5	Vereeniging Local Office	8 828	10 132	10 579
5	Mafatsane Local Office	13 080	10 685	10 545
5	Duduza Local Office	69	3 134	5 878
5	Meyerton Local Office	4 713	4 510	4 592
5	Heidelberg Local Office	3 885	3 606	3 966
	Total	57 184	56 894	61 463

Source: SASSA: Socpen report 1 May 2019

ADDENDUM P: CERTIFICATE FOR PROFESSIONAL EDITING OF THESIS

Kim N Smit Editorial Services

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Declaration of Professional Editing

18 January 2021

This letter serves to confirm that PATHAMAVATHY NAICKER submitted a thesis to myself for editing. The thesis is entitled, '**FACTORS INFLUENCING THE DECISION-MAKING PROCESSES OF SOCIAL WORKERS RENDERING FOSTER CARE SERVICES: A DECISION-MAKING MATRIX AS GUIDELINE FOR SOCIAL WORKERS**'.

The following aspects were edited:

- Spelling
- Grammar
- Consistency of layout
- Sentence structure
- Logical sequencing
- References (Reference checking involves proofreading and perhaps some editing with regards to the simple formatting of the references into the referencing style required i.e. changing the order of the elements - author, date, title, series, place, publisher, journal, volume, issue, pagination etc.)

Excluding the following, at the request of the student:

- All Addenda

My involvement was restricted to language use and spelling, completeness and consistency, referencing style, and formatting of headings, captions and tables of contents. I did no structural re-writing of the content and did not influence the academic content in any way.

Should you have any further queries, please do not hesitate to contact me.

Kind regards,

A handwritten signature in black ink, appearing to read 'Kim N Smit', is written over a horizontal line.

Kim Smith

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